PLACE OF DEATH	STATE OF MARYLAND
County 3MANNELS	CERTIFICATE OF DEATH
1.	Registration Dist. No.
Village or City DMMAMAL (No.	St.: Ward) (If death occurred in
2FULL NAME NM Albright	tion, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, Manual White OR DIVORCED (Write the word)	16 DATE OF DEATH O
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Month) (Day) (Year)	that I last saw half alive on Deff 28 1930
/Month) (Day) (Year)  7 AGE   Ilf LESS than	
I day hrs	100000000000000000000000000000000000000
yrs. 9 mos. / ds. or min.	
B OCCUPATION  (a) Trade, profession or particular kind of work	Orlen Storoce
(b) General nature of industry	
business, or establishment in Suck Jack	(Duration) yrs mos (O de.
9 BIRTHPLACE (State or country)	Secured Duration yrs. mos. 5 ds.
10 NAME OF FATHER	(Signed) ever West M.D.
monow	679 97 (Address) Brewsman
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) mo John walts	Former or usual residence
(Address) Brunswick Mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 AIN DEPTAKER
Filed Filed 190 Mo. H S. Gelggo	Mrzztz fam Bunwick ma
If more blanks are needed, addre.s Ltat Kegistra	r, 16 W. Saratoga Et., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective cf state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemond, etc. If the occupation has been changed household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material Stationary freman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the by definite synonym is "Epidemia carebrosi inal mentalisis"); Diphtheria (avoid use of "Croup"); Typhoid for (never report "Typhoid Pneumonia"); Lobar pne romia, Bronchopaeumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway trainas fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse, causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Whooping ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n-ture of the injury, "PUERPERAL seplicaemia," "PUERPERAL peritonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease " "Coma," "Convulsions, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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FOR BINDING

MARGIN RESERVED

V. S. No. 1

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1	1	Q	E	1)
1	.1	J	U	4

1. PLACE OF DEATH	Registration Dist. No. 13 (
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year)  7. AGE. Years Months Days If LESS than 1 day, 2 hrs. or 0 min.	I last saw h alive on
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEPER, etc.  7. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  11. Total time (years) spont in this occupation	Itel Born
12. BIRTHPLACE (city or town) Waryland (State or country)  13. NAME Philips ambrish	Other Contributory Causes of importance:
13. NAME They Undersh  14. BIRTHPLACE (city or town) Mary and (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an auloosy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFDRMANT  (Addrass)  18. BURIAL, CREMATIDN, OR REMOVAL  Place  18. Date 22 - @cl. 19.31	23. If death was due to external causes (VIDLENCE) fill in also tha following:  Accident, suicide, or homicide?
19. UNDERTAKER James a forus Sufst- (Address) Fusering	24. Was disease or Injury in any way retated to occupation of deceased?  If so, specify  (Signed)  (Address)  M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
<u> </u>			

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	[if-a]
County Frederick	Registration Dist. No. 2
2 1 1-	No. 226 East Church St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	
2. FULL NAME SEOND & Cum E	<b>n</b>
(a) Residence: No. 226 PEAST Church (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (ectober 1 193/
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of of Tillse ann En	22. Sept - 193/ to Cot - 1939
6. DATE OF BIRTH (month, day, and year) manch 28 1874	I last saw h imalive on Oct 1 193/; death is sal
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:00 m.
57 6 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKERPER atc.	
kind of work done, as SPINNER, Labas	Gartie Ulcer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	
On 10. Date deceased last worked at the spent in this spent in this spent in this	
this occupation (month and kand spent in this JE	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Keinon Ray e.
13. NAME Jahn aumen	
13. NAME Jahn augen  14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diagnosis? A Ruy Was there an autopsy?
15. MAIDEN NAME RELECOMARTIN	23. If death was due to external causes (VID) ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Emand Cumen (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDVAL  Place Mountholog Date Oct 3, 193/	Manner of Injury
19. UNDERTAKER C3 Klasshill (Address)	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 2 Patroles, 19.2/ Poer - J melusles Registrar/	(Signed) 74 Laurence Faling M. (Address) Frederich Mal
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

S. No. 1

PLACE OF DEATH	11954 STATE OF MARYLAND
County traderick	CERTIFICATE OF DEATH
	Registration Dist. No. 130
(M) A7/.	,00000000000000000000000000000000000000
Village or City (No. (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Joseph Elward	Kephinger Barton stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RAGE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH of Little 193/ (Month) (Day) (Year)
6 DATE OF BIRTH 25 , 1931 (Month) (Day) (Year)	that I last saw h Talive on 192/.,
7 AGE   If LESS than	and that death occurred on the date stated above, at
I day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	Cterus & New Dorn
8 OCCUPATION (a) Trade, profession or	
particular kind of work	V V
(b) General nature of industry business, or establishment in	
Which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Fuderick Country	Contributory Secondary  (Duration)  (Dyrs
10 NAME OF FATHER RALASTALL VIII.	(Signed) A M.D.
11 BIRTHPLACE	(OP) 10 1931 (Address) Claus town
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Josothy Mie Darlon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country) Frederick Co	of deathyrsds, Stateyrsds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) & Sovence M Barlon.	(Soint & Rocks Cet 10, 1931
Filed Oct 10 192 Turcorora Lyd. Registra	20 UN DERTAKER  MIL RELIGIONE  ADDRESS  THE CONTROL OF THE CONTROL
If more banks are needed, address tate hegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The materia (b) Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

tclanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st\_ted unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death (secondary or intercurrent) affection "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage cough; Chronic etc. The contributory valvular heart need not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. / 40
Village or City Woodsboro (No	St.: Ward)  St.: Ward)  A hospitel or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(16 DATE OF DEATH Oct 26-, 193./
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Luky 20 192/. to Oct. 26 - , 193/., that I last saw h & alive on Oct. 26 - , 193/.,
(Month) (Day) (Year)  7 AGE    If LESS than   I day hrs.   or min.?	
a) Trade, profession or particular kind of work  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	(Duration)
Filed Oct 19 Registrar  Registrar  If more hunks are needed, address State Registrar	Pour le vallagh Mordsboro r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile fuctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer--Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., tion applies to each and every person, irrespective of worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor For many occupations a especially in industrial employments, it is necesyrs). At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved hy Committee on "('Exhaustion,') "Heart failure, naemormage, "(Inanition,') "Marasmus,') "Old Age,'' "Shock," "Uraemia,'' "Weakness," etc., when a definite disease stated unless important. tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, Examples: A ceidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need not be 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, for malignant neoplasms); Chronic Example: Measles (disease etc. The valvular heart disease; Nomenclature contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied

PHYSICHANS should state Exact statement of OCCUPA-ECORD. Every item of AGE should be stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING certificate. TION is very important. See instructions on back of mation should be carefully supplied.

V.S. No. 1

infor-

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH	1195
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1. PLACE OF DEATH County Freder	wich 3	108) Registration Dist. No. 135
Village or City	1 1	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
P.KI	61 - + P3	
(a) Residence: No.	annin ou	St., 6 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED,	21 DATE OF DEATH @
melme	OR DIYORCED (write the word)	26 193
5a, If married, widowed, or divorsed	Smyle	(Month) (Day) (Year)
Ja. If married, wigowed, or divorced HUSBAND of (or) WIFE of	U	22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1931, to Oct 25, 1931
6. DATE OF BIRTH (month, dey, end yeer)	V 27-1930	I last saw h Lun alive on Oct 25, 193/; deeth is seld
7. AGE Years Months	Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Infant	Lobas Princewonia. Oct.
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked et this occupation (month and		
10. Data deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Pragarile (State or country)	Is mil.	Other Coatributory Canses of Importance:
13. NAME (Clinitary 12) 14. BIRTHPLACE (city or town) 77.76	Am Brunn	
4 14. BIRTHPLACE (city or town)	yserlk.	Name of operation
(State of country)	mal	What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME TO MA. 17	na Delauter	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?, 19, 19
2 (Stata of country)  17. INFORMANT Charles  (Address) Manualle	md reflect Brune	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Date 10/27- 1931	Menner of injury
19. UNDERTAKER Settles (Address) Prysick	md.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED Oct. 27 1891 -Charl	est Leatherman Registrar.	(Signed) Middle town my M. [

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
W. 10. 10.		<b>\</b>	
		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR FURTHER	STATEMENTS	BY PHYSICIAN
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MARGIN RESERVED FOR BINDING	HITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN'S ECORD. Every item	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(51)
County Trederick	Registration Dist. No. 131
Village or City Drederisk	No. Describe City Hoopital, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carl Thomas Bussard	
(a) Residence: No. Isamisville, mil.	_St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Control of Divorced (write the word) Control of Divorced (write the word)	21. DATE OF DEATH Oct. (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22./ AI HEREBY CERTIFY/ That I attended deceased from
N. P. 13 1926	1951.40 0 6 - 6 ,1951
6. DATE OF BIRTH (month, day, and year)	I last saw h. Am. alive on
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, Dehoul loy.  SAWYER, BOOKKEEPER, etc.	licute o steo-myelitis Set 20
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Trusherish as . Ind.	Other Contributory Causes of importance:
(State or country)	Alpt Clinia
I 13. NAME Jesse Why Dussaid.	
13. NAME Jose Orly Bussel.  14. BIRTHPLACE (city or town) Dreflerich Co.	Name of operation Date of 10 - 2 - 3
col (State of County)	What test confirmed diagnosis? H. La La H Was there an autopsy? Was there an autopsy? Was there are autopsy?
15. MAIDEN NAME Willy estelle forword	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homlcide? Date of injury 19 19
Course of Courses	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CASE CHARLES OF CHA	Horis Manager
18. BURIAL/CREMATION, QR. REMOVAL,	Menner of Injury Brussy of leg.
Morrate alul Frederick Date 10 - 8 1931	Nature of Injury
19. UNDERTAKER W. T. Falconers 1	24. Wes disease or Injury in eny way releted to occupation of deceased?
(Address) Cum Marketi	If so, specify And
20. FILED Catobers 3 1 day McCuelle	(Signed)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PERFER T S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S No. 1

PLACE OF DEATH County The Dunck	STATE OF MARYLAND CERTIFICATE OF DEATH
ATTRIN CONFORM	Registration Dist. No. / 4
Village or City YULL Treet (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Thomas from Ramy	tion, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  Out 26, 1930 (Month) (Day) (Year)	that I last saw h Lag alive on 192/.
7 AGE    If LESS than   I day :_ hrs.   ds.   ormin.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Fow oney I have befordeally
9 BIRTHPLACE (State or country)  10 NAME OF FATHER FORMER Campbell	Contributory Secondary  Durstion yrs mos. ds.  (Signed) M. D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother agnet & million	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Mrs Clanes Carapbell	if not at place of dea h?
(Address) Knowle find	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
Registra:	r, 18 W. Saratogn St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as IIousewife, IIousework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, For many occupations a single word or term on (6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL scplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondars or intercurrent) affection need not be Whooping cough; Examples: Accidental drowning; Struck by railway train— American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Juliana	CERTIFICATE OF DEATH
. /	Registration Dist. No.
Village or City MMMMM (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2 FULL NAME Common Judy Cample	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH OCT 28, 183/
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 160 to 2 ft 1951
	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry	alio feliori
Business, or establishment in which employed or (employer)	Contributory Cotonsy Perfection des
(State or country)	Dystic Cents mos. ds.
10 NAME OF FATHER HENRY anderson	(Signed) M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D
OF FATHER Z (State or country) W Va	*State the lisease Causing Death, br. in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Caroline Citlow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) T Campbell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Dunswick Inf	A marks Cometing clusville Oct 30, 193/
Filed 1931 Mrs. H. S. Agistras	De undertaker Dungereck mel
If more blanks are needed, address Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) (Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature of the Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	A 6 6 V C (1)
1PLACE OF DEATH	11300
1) - 0	STATE OF MARYLAND
County Traderick	CERTIFICATE OF DEATH
ATTRIB CORPORA	Registration Dist. No. 14
Village or City 19 NUMONICA	St.: Ward) (If death occurred in
2FULL NAME Floranc Edna	Elizabeth Roman a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH ON 1920
(Month) (Day) (Year)	that I last saw h vg alive on Q x 10 192
7 AGE (Fear)	161201
I day hrs.	and that death occurred on the date stated above, at
yrs. 9 mos. 9 ds. or min.?	The state of the s
8 OCCUPATION (a) Trade, profession or particular kind of work	Acute Dio-Calilio
(b) General nature of industry business, or establishment in	(Duration) yrs, mos ds,
which employed or (employer)	A Day Ast
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER W. CANDON	(Signed). (Duration)
U 11 BIRTHPLACE	1925 (Address)
Z (State or country) Dunouses my	*Slate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER VIEWEL O. Palmer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the of deathyrsmosds. Stateyrsmosds,
(State or Country Lucian S VIII)	Where were disease contracted
(Informant)	if not at place of death?  Former or usual residence
(Address) Shum than m	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL N. 1981
Filed Cet & 1928/ hus S. & Hus Sans	20 UNDERTAKER S. S. S. Burnwick
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on or At Home, and children, Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. not gainfully em-Wom-

Str: ement of Cause of Death—Name, first, the DIS-EAL: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> lelanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E::haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomapproved by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.), (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The n.ture of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Nomenclature of the Chronic valvular heart disease etc. The contributory affection need

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1931

4

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 11961
1. PLACE OF DEATH	92-0
County trederich	Registration Disty No.
Village or City Arederick	No. /0/3 M. Markett St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where thath occurred	death occurred that hospital of historical partial transfer and humbery  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Islia Cran	nei
(a) Residence: No. Frederick	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widewed, or divoced HUSBAND of Clay Eramen (or) WIFE of Clay	22. SHEREBY CERTIFY That I attended deceased from 1981, to Col-2 1981
6. DATE OF BIRTH (month, day, and year)	I last saw h last alive on Oel-12, 1931; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at m.
8 8 70 07 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Chronic alloselerons 1872
9. Industry or business in which work was done, as SILK MILL.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his prevailing month and this prevailing (month and	
this occupation (month and lenson spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	C. 55.00 E. 5.00
13. NAME Michael Crouse	
13. NAME Michael Nouse  14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Thy Dat Sye Was there on autopsy?
15. MAIDEN NAME CONSTRUCTION OF THE STATE OF	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)  (State or county)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
made huber	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)/1/3 h. Market Sh Fredby, Mi	<b>X</b>
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Na S. al Shurm Date Och 5, 193/	Nature of injury
19. UNDERTAKER M. C. Coreagu o Lan (Address) Thursday M	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED Det , 193/ Das melcusles	(Signed) Morres Abuil M. D. (Address) Thurwhat Med
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

80

1	PLACE	OF	DEATH		
Cor	inty Fi	20	ceri	ek	



11962

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. /
Village or City near Barthlog No	St.: Ward)  (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 NINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Sungle	16 DATE OF DEATH  Oct 22, 1991  (Month) (Day) (Year)
6 DATE OF BIRTH  Oct 2, 157  (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from Oct 22 1981 to Oct 22 , 1923 I, that I last saw himalive on 192
7 AGE  57 yrs mos. 20 ds or mir	rs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	Contributory Struck by automobile  Secondary  Hemorrhage (Duration)  (Signed)  (Signed)  1981 (Address) Frederick make
(State or country)  12 MAIDEN NAME OF MOTHER  18 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	*State the Disease Causing Death, or, in deaths from Violent Caus.s, state (i) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)  At place of death
Filed Oct 94 18 Lucian K. Falance	20 UNDERTAKER  20 UNDERTAKER  ADDRESS  APDRESS  Yrederich

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

CERTIFICATE OF DEATH

er," etc., without more present all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the state occupation at beginning cfillness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid "lousel:cepers who receive a worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATE. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Mever return 'Laborer," "Foreman," "Nanager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on (b) persons en-

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"; and pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all eausing death), 29 ds.; Bronchopneumonia (seeondary) (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sej.sis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Chronic interstitial nephritis, American Medical Association.) approved Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; " "Marasmus, Chronic etc. The contributory valvular heart Measles, disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Led	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
Village or City Lugarore Dest (No.	St.: Ward a (If death occurred a hospital or Institution, give its NAMI stead of street number.)
PERSONAL AND STATISTICAL PARTIC	ICULARS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORC (Write the wo	CEO
6 DATE OF BIRTH  /O  (Month)  (Day)	17 I HEREBY CERTIFY, That I attended the deceased f  10-26 193/to 10-27-, 192  (Year) that I last saw h 47 alive on 10-26, 192
7 AGE  O yrs. O mos.	If LESS than I day // hrs. The CAUSE OF DEATH was as follows:  ds. or min.?
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Edward Dodoe	(Signed)(Duration)
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Class Callesses	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of deathyrs
OF MOTHER (State or Country)	Where was disease contracted,
1/4 -1	Where was disease contracted,

11963

(Approved by U. S. Census and American Public Health Association.)

tired .6 .yrs). state, occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the loborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Foreman, (b) Automobile For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. factory. The material Locomotive engineer, But in many (6) Grocery;

Stritement of Cause of Death—Name, first, the DISEA CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebyoginal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, "Bronchopneumonia" ("Pneumonia,")

stated unless important. Example: Measles (disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy" ("Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid approved telanus) may be stated under the head of "contributory." as fracture of skull, earbolie acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronie interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.). (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; " "Marasmus," "Old Age, or intercurrent) affection need not be Chronic and consequences (e. g., sepsis, valvular heart disease; etc. The contributory " Shock," "Dropsy,

If this certificate is looked over thoroughly and a l qu stinns answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING RESERVED MARGIN CIANS should statement of C WRITE (Informant) (Address m

1PLACE OF DEATH	11954 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH Registration Dist. No. 137
Village or City Vibraty town (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Jungle OR DIVORCED (Write the word)	16 DATE OF DEATH Och 11 , 19931
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Och 10 , 1931 that I last saw h W alive on Och 10 , 1931
7 AGE  yrs. 11 mos. 5 ds. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	The second secon
9 BIRTHPLACE (State or country)  10 NAME OF FATHER ROPH & DORLEY  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  14 DORLEY  15 BIRTHPLACE OF MOTHER  16 DORLEY  17 DORLEY  18 DORLEY  19 DORLEY  10 NAME OF DORLEY  11 BIRTHPLACE OF MOTHER  12 DORLEY  13 BIRTHPLACE OF MOTHER  14 DORLEY  15 DORLEY  16 DORLEY  17 DORLEY  18 DORLEY  19 DORLEY  19 DORLEY  10 DORLEY  10 DORLEY  11 BIRTHPLACE  12 DORLEY  13 BIRTHPLACE  15 DORLEY  16 DORLEY  17 DORLEY  18 DORLEY  18 DORLEY  19 DORLEY  19 DORLEY  10 DORLEY  10 DORLEY  11 BIRTHPLACE  12 DORLEY  13 BIRTHPLACE  15 DORLEY  16 DORLEY  17 DORLEY  18 DORLEY  18 DORLEY  18 DORLEY  18 DORLEY  19 DORLEY  10 DORLEY  10 DORLEY  10 DORLEY  10 DORLEY  11 BIRTHPLACE  12 DORLEY  13 BIRTHPLACE  15 DORLEY  16 DORLEY  17 DORLEY  18 DO	Contributory Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Addre
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death

### STATE OF MARYLAND CERTIFICATE OF DEATH

16 DATE OF DEATH Och - 1	1 1931
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I	attended the deceased from
Och 9 1934 to	el 10 ,1931
that I last saw h LV alive on Oc	h 10 , 1931
and that death occurred on the date state	ted above at 5 a, m
The CAUSE OF DEATH * was as follows:	
Entero-Colitis	)
mero-colles	1
(Duration)	yrs. 2 mos. 0 ds.
Secondary	
(Dyration)	yrsmosds.
Signed) Otro B. Stone	) 
Signed) Otu TD, Atome Och, 11 1931 (Address) Du	utytown
*State the Discase Causing Deal Violent Causes, state (1) Means of	th, or, in deaths from

Former or

usual residence

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeaning in the laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; 'Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

V. S. No. 1

### STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF	F DEA	TH				<u></u>			000
	County	Fred	erick					Registration	Dist. No / &	32,
	Village or Ci	··)	iddletown				in a hospital or institution. How long in U.S. if of	on, give its NAM	St., E instead of street as	Ward number)
						us.	now rong in 0.3.11 of	toteign bittin:	yio.	_11103,u.
1	2. FULL NA		Lola Lav	inia Doub	)					
	(a) Resident	ce: ND		(Usual place	of abode)	St.,	Ward.	If nonresident	t give city or lown	and State
-	PERSON	AL AN	D STATIST	ICAL PART	ICULARS		MEDICAL CE	RTIFICATE	E OF DEATH	
	sex Female		or or race		RRIED, WIDOWED. ED (write the word)	21. DATE	October	(Month)	17 (Day)	, 193 1 (Year)
5e.	If merried, widows HUSBANO of (or) WIFE of		rge L. D	oub		22.	IHEREBY	CERTIF		
	DATE OF BIRTH (			arch 12	1868		elive on C	1 t 1	6 ,19.3	
7.	AGE Yeer	rs	Months 7	0ays 5	If LESS than  1 day,hrs.	The PRINCI	PAL CAUSE OF DEATH			
N	8. Trede, profes	ork done,	es SPINNER,		ormin.	were as foll	nephritis: 10	or 15 pears	CuteR.	Oate of onset
OCCUPATION	SAWYER,	BDOKKEE husiness in	PER, etc.	Housewi	fe	ur	110	Lun	u nyan	Lio
220	1D. Date decease this occup		rked at onth end	sp:	time (years) ent in this upation	4	Comple	icat	ims	
12	, BIRTHPLACE (cit (State or coun		Md.			Other Contr	ibutory Cause of impor	tance:		
ER	13. NAME I	Henry	Mathias	Kepler		,				
FATHER	14. BIRTHPLACE (State or		own)	d.			eration			
ER	15. MAIDEN NAI	ME A	manda Eli	izabeth S	anner		vas due to external caus			
MOTHER	16. BIRTHPLACE (State or	(city or to	7.6			Accident, su	niclde, or homicide?		Date of Injury	, 19
17	. INFORMANT (Address)		ge L. Dou			Specify whe	ther injury occurred in		or town, county and OME, or In PUBLIC	
18	. Burial, CREMAT			Md. town Oct	20,193	Manner of in	njury			
19 2D	UNDERTAKER (Address)		Etchis derick,		Registrar.	If so, specif	13 116	Count	pation of deceased?	
1				1	Kegistrar.	15	(Acdress)			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLEU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

RESERVED

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1915 1921	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
	Attack of enilepsy	
1001		1 week ago
1001	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5 , 1927	July 5,1927 Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

"The state of the state of the

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Day

Date of onset

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	\	Other contributory causes of importance:	
Gallstones Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
county Frederick	Registration Dist. No. / 3/=
Village or City Fre dericle	No. 204 East Churchst, W.
Length of residence in city or town where death occurredyrs,mo	If death occurred in a horpital or institution, give its NAME instead of street and number)  s
2. FULL NAME Edward Loses	61 Elbins
(a) Residence: No. 20 4 East Kelush	St. Ward.
(Usual place of abode)	If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Married Married	21. DATE OF DEATH (Month) (Day) (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Jhat t attended deceased f
ms Edward J. Ellews	Sept 28, 1931, 10 Oct 1, 193
6. DATE OF BIRTH (month, day, and year) $2 - 5 - 1856$	t last saw line alive on On 193 /; death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1230 Cm
75 7 26 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEPER etc. (29ar maker	Calle plo
1.9. Industry or business in which	Teven Heuminsep
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) the desicle.  (State or country)	
13. NAME Joseph Elking	
14. BIRTHPLACE (city orlown) Medenels	Name of operation Date of
(State or country) Medenelo	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellen Titlow  16. BIRTHPLACE (city or town) I redenich  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) I rederich	Accident, suicide, or homicide? Date of Injury, 19
∑ (State er country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jos. E. Elkins (Address) 204 East Church St	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Johns Cemetry Date 10/3 , 193/	Nature of injury
19. UNDERTAKER Harry E. Carly	24. Was disease or Injury in any way related to occupation of deceased?
(Addiess) Fix denthy may	If so, specify 21
20. FILED 2 Cototes, 1981 Soa medually	(Signed) Lo Succession (Address) Lo Succession Los
1	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRINTAG V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11959
1. PLACE OF DEATH	(108)
County be device	Registration Dist. No. / 5/
Village or City M meline Hospital	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	
2. FULL NAME Williams V. Ellist	
(a) Residence: No. Brunsur de	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORÇED (write the word) Sur gle	21. DATE OF DEATH  (Month)  (Oay)  (193 / (Year)
5a. If merried, widowed, or divorced HUSBANO of	22. A I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	Sept 29 1971 to Oct 2 1971
6. DATE OF BIRTH (month, day, end year) July 27, MOY	I last saw him alive on Oct 2 ,19.3/; death is said
7. AGE Years Months Oays tf LESS than	to have occurred on the date stated above, et. 3m.
22 2 5 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trado, profession, or particular kind of work done, as SPINNER, Larry SAWYER, BOOKKEEPER, etc.	Date of whole
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10, Oate deceased last worked at this occupation (month end	00 8.
SAW MILL, BANK, etc.	doland
O Oate deceased last worked at this occupation (month end spart in this occupation corupetion occupation	- Janearou Ca
11-10-	Other Centributory Causes of importance:
12. BIRTHPLACE (city or town) W. Va (State or country)	
14. BIRTHPLACE (city or town) W Va	Name of operation
(State or country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Wary Telingenburg	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wany Talinguburg  16. BIRTHPLACE (city or town)  W. Va.	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT. James. a torres Surel (Address) Mary Property House Surel And Rund	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place hours down Date Wyd, 4, 19.31	Nature of injury
19. UNOERTAKER A Souly A Maly	24. Was disease or injury in eny way related to occupation of deceased?
	If so, specify (Signed) 30 1
20. FILED 2- and , 1931 Amount	(Address) Ballowil Zand
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	And the same of th	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUED.				
Other contributory causes of importan	ce:	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PLA

See instructions on back of certificate.

	11970
PLACE OF DEATH .	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
1 2+1 0 +	Registration Dist. No. 139
Village or City State San and Collins	St.: Ward)  (If death occurred a hospital or institution, give its NAME is stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, MIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
0116 15 918	June 2 2 1903 1 10 Oct 7 , 1903
(Month) (Day) (Year)	that I last saw h m alive on O C 6. 1983
7 AGE [If LESS than	and that death occurred on the date stated above, at
2 3 1 2 2 1 dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. 1 mos. ~ ds. or min.?	RA
(a) Trade, profession or Machinist helper	Junonary Juvercutosi
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) wes mos d
9 BIRTHPLACE DA A	Contributory / MUCULOW LANY glu
(State or country) 15 also, Vhol.	1 (Duration) I A yre Amord
10 NAME OF GLORAL Engel	(Signed) deward & Shaffer M. 1
0 11 BIRTHPLACE	(Address) A (all Admits)
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Barbara Mengel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mary and	At place of death yrs 3 mos 7 ds. In the 23 yrs mos w
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, which if not at place of death?
MARA G. HAMAS	Former or usual residence 116 S. Madeira St. Balto. M.
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) flate Sana Gottim M.C.	Baltmore Md. Improvon
15 Filed 10/7/3/192 / Vall	20 UNDERTAKER ADDRESS MY

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Without more proven abover, Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a yrs). For persons who have no occupation Stationary fireman, etc. But in many single word or term on Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. "PUERPERAL septicacmia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature Measles;

if this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state ECORD. Every item of infor-Exact Statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.-WRITE PLAINLY,

1. PLACE OF DEATH	(E)-(C)
County medancel	Registration Dist. No. 131 =
Village or City Frederick City / &	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredy	yrsmosds. How long in U.S. if of foreign birth? yrsmos
2. FULL NAME Saham	Mr. Noward & are Resident
(a) Residence: No. A or Mantle determines (Usual place of about	ode) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	LARS MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, OR DIVORCED (20)	
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mrs Ellas Fra.	22. OHERBY CERTIFY That I thended deceased from 1931 to 1931
DATE OF BIRTH (month, day, and year) Heby	1868   last saw h can alive on Och 30 ,19 3/; death is sa
	If LESS than to have occurred on the date stated above, at
	day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date ct ons
8. Trade, profession, or particular kind ot work done, as SPINNER, SAWYER, BODKKEEPER, etc.	~ Eerehel Varmorrhage . Ban
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- Care
10. Date deceased last worked at	(years)
this occupation (month and () spent in occupation	00
2. BIRTHPLACE (city or town) A outlow	Other Contributory Causes of importance:
(State or country)	2/11-
13, NAME John of he	show Otherspelins
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May Contract	23. If death was due to external causes (VIOLENCE) fill in also the following:
16 DIDTUDI ACE (aity or town) / Loundle	Accident, sulcide, or homloide?Date of injury
16. BIRTHPLACE (city er town) (State or country)	Where did injury occur?
7. INFORMANT / Mis Ello Fra	(Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE,
(Address)  8. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Place Versily 22 Date les	Nature of injury
19. UNDERTAKER A Massurer (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 31-Oct. 1931: no profice	indy : (Signed) Of Gusting Gearse, M
X	Regisfrar. (Address)

STATE OF MADVI AND CEPTIFICATE OF DEATH

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

HYSI-Exact operi ay be uo ctions at SERV 0 pla Importa be EA OD 12. O S TION 1 . O Ö 00 hour

m

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or Institution, give its NAME in . stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE | 5 SINGLE, 16 DATE OF DEATH MARRIED WIDOWED. OR DIVORCED (Write the word) .....(Day) 6 DATE OF BIRTH CERTIFY, That hattended the deceased from (Day) (Month) (Year) IIfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: min. B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE O OF FATHER I is ase Causing Death, or. In C (State or country) Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (2) Whether 12 MAIDEN NAME O. 4 OF MOTHER 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Irange ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death .....yrs......mos......ds. State.....yrs... (State or Country) Where was disease contracted, 14 THE ABOVE IS TRUE BEST OF MY KNOWLEDGE it not at place of dea.h?..... Former or usual residence (Informant) If more banks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Lequesting

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quoseupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Wilnus Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective ei Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and ehildren, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The -Coal minc, etc. Wom-Locomolive engineer, (6) materia Grocery;

Stritement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, parilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-(secondary or intercurrent) affection need American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.X "" "Weakness," etc., when a definite disease cough; Chronic Example: Measles (disease etc. valvular heart The contributory not be disease;

If this certificate is looked over thoroughly and all qu stions an overed in detail, it will prevent further correspondence. All the dire is essential and must be obtained before the certificate is permanently flied.

V. S. No. 1

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is should state CAUSE OF DEATH in plain terms so that it may be properly class; sment of OCCUPATION is very important. See instructions on back of certificate.	PAF
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PLACE OF DEATH  County frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 138
Village or City Mouranta (No. 2FULL NAME Carl Junior Luc	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Muite Single, Married, Wildowed OR Divorced (Write the word)	16 DATE OF DEATH 0 3 / , 1927 / (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 to
7 AGE	and that death occurred on the date stated above, at 2 / m
A OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	death,
which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE	(Signed) Corner P Roof M. D.  (Signed) M. D.  (Address) New Market Med
OF FATHER  Z (State or country)  12 MAIDEN NAME  OF FATHER  AND  AND  AND  AND  AND  AND  AND  AN	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  Area and	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs ds. State yrs ds.
(Informant) and & Tue Fathy	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Monrovia 9/12	19 PLACE OF BURIAL OR REMOVAL  Pleasent See Com Nov 2, 1931.  20-UNDERTAKER D. ADDRESS
Filed Nor 1921 Accepted Registrar  If more branks are needed, address State Registrar	H. E. Falcover New Market

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Grocery;

Statement of Cause of Death—Name, first, the Dis-EALS (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"; Dishtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of approved by Committee on Nomenclature American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonibis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary). stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinomu, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease contributory not be

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V. S. No. 1 B

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 11974
1. PLAC	E OF DEAT	H <sub>2</sub>			159
County	y	Trede	rick	•	Registration Dist. No. / 8/
Village	or City	Trede	riele	-	I voe Seriele City How seld Ward
Langth	of coaldones in site	taum what d			death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	of residence in city	O I town where di	eath occurred	yrsmos	
2. FULL		Juja	ut.	Halin	
(a) Re	esidence: No	V	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PER	SONAL AND	STATISTI			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR	OR RACE		RIED, WIDOWED, Cwrite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. 1f married,	widowed, or divor	ced		ugu	
HUSBANI (or) WIF		-			22. I HEREBY CERTIFY, That i attended deceased from 1931, to 1931
6. DATE OF B	IRTH (month, day,	and year)			l last saw h_ A alive on
7. AGE	Years	Months	Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, at
				or 10 min.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade,	, profession, or pai nd of work done, a WYER, BOOKKEER	rticular s SPINNER,	5		D'A
. Indust	ry or business in ork was done, as Si	which	11one		1 sunature sun
SA SA SA SA SA SA SA SA SA SA SA SA SA S	IW MILL, BANK, at deceased last work	lc	11. Total ti	me (vears)	
	is occupation (mon ar)	th and	sper	nt in this	
A. DIRTHDIA	OF (-ibb)	7,00	100 2/	· Sal	Other Contributory Causes of importanca:
	CE (city or town)_ or country)		www.	mer f . S del manuel	
₩ 13. NAME	Wil	liam E	duras	1. Wake	e Ja.
13. NAME	PLACE (city or toy	In Tr	ederice	a med 1	Nama of operation Date of
LL (S	tate or country)				What tast confirmed diagnosts? Was there an autopsy?
15. MAIDI	EN NAME The	resa (Ke	Lecca 1	na Keny	22LLdeath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDI	PLACE (city or tov	vn) Tr	ederic	h. mad	Accident, suicide, or homicide?
<b>E</b> (S	tata or country)	D	0/1		Where did injury occur? (Specify city or town, county and State)
17. INFORMAN	1/	deries	Stale	ng/	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, C	REMATION OR RI	MOVAL	1 100	1 100 31	Manner of injury
Plece /	noulliel	- Um fre	- Date - Date	190/	Natura of injury
19. UNDERTAI	1	Color	proor	Hoon	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED / 7	- Oct.	31 Pm	Jon Do	Quele	(Signed) M. D.
20. FILED J. Z.				Registrar.	(Address) Jel Mill

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the usc of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	product over		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day should be used only when needed. As examples: (o) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH Housemoid, etc. to report specifically the occupations of persons household only (not paid Housekeepers who receive a Physician, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on 10 yrs). Farm laborer, (b) Cotton mill; (o) Salesmon, At Home, and children, not gainfully em-Compositor, Architect, For persons (b) If the occupation has been changed Automobile factory. The Loborerwho have no occupation -Coul mine, etc. Locomolive (b) materia cugincer, Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) carbolic ocid-probably suicide. The nature of the injury, approved by tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemio," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railwoy train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menperilonoeum, etc., Carcinoma, Sorcomo, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic etc. The contributory volvulor heart Nomenclature Always qualify all

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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11976
1. PLACE OF DEATH	(163)
county drederick	Registration Dist. No. 13/
Village or City monture Hospital	NoSt.,Wa
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos,
2. FULL NAME Mangaret Trace Herr	
(a) Residence: No. Battiere Md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Qcf (Month) (Day) (Year)
. If married, widowed, or divorced HUSBAND of	22. OI HEREBY CERTIFY. That I attended deceased f
(or) WIFE of Unlawown	act 11 1931 to Oct 13 197
DATE OF BIRTH (month, day, and year)	I last saw her alive on Oct 13
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3,1,5 a.m.
51?	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Quiced by taking porson, of unknown natural.
SAWYER, BOOKKEEPER, etc.	Jasen Cusa.
work was done, as SILK MILL,	Auration two dayse
10. Date deceased last worked at 11. Total time (years)	Courte :/
this occupation (month and year) (1,1,1,9,3) spent in this occupation	Unable to say what poison was used, no
BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State or country)	0 #
13. NAME Win Bradley terring	
14. BIRTHPLACE (city or town) Wary and	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Maryland	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Many and (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
(Address) Moreline for tal The 1 ft Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Field mother glate 16-Och 1931	Nature of injury
O. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? 200
, FILEO 14 tolex 1931 Amtoury	(Signed) 100 Hornson A. A. N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
•			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.--Every item of information, should be carefully supplied ACE should be sated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PECORD WITH UNFADING INK---THIS IS A PERMANENT BINDING FOR MARGIN RESERVED WRITE PLAY V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County of redetics	CERTIFICATE OF DEATH
1 +	Registration Dist. No. 77
Village or City (No. (No.	St: Ward) (If death occurred in a hospital or Institu-
2FULL NAME Mary Marga	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	06 DATE OF DEATHOOK 17 , 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That Lattended the deceased from
(Month) (Day) (Year)	that 1 last saw h & alive on Och 16 , 19231,
7 AGE [If LESS than	and that death occured on the date stated above, at 12 Nooth.
72 yrs. 0 mos. 6 ds. or min.	
8 OCCUPATION (a) I rade, profession or Petercel  particular kind of work	0
(b) General nature of industry	//
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) 2 yes mos ds.
10 NAME OF Abraham Lohr	(Signed) Autes may M. D.
of Father (State or country)	*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Georgiana Stull	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yramos. ds. State yrsmos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diaease contracted, if not at place of death?
Sur Hisana Frants	Former or usual residence
(Informant) / MS Story & July	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Literation Tisel	Hanghs Och 19. 1931.
15 Filed Oct 19 1931 anna M. Jours	Willfiede + Caeeger Thurmont
If more branks are needed, address State Registre	er, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Mc

(Approved by U. S. Census and American Public Health Association)

Spinner, should be used only when needed. As examples: 'c additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very im ordant, so that the relative health Statement of Occupation - Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Parnier (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrumit, Cook, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, taborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed et:, Without more present and mine, etc. Wom-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, who are engaged in the duties of the (b) Automobile factory. For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer, The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) Idanus) may be stated under the head of "contributory." "Inanition," "Marasmus,
"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Meosles (disease (Recommendations on statement of cause of causing death), 29 ds.; Bronchopmeumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinomo, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, ility" ("Congenital," "Senile," etc.), "Dropsy," .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic etc. valvular heart disease; The contributory Sorcoma,, etc., of

If this certificate is looked over thoroughly and all questions associated in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—

1. PLACE OF DEATH  County 7 red 1
Village or City **No
Village or City **No
Langth of residence in city or town where death occurred . 3 yrs
(a) Residence: No. Describe St., Ward.  (bull place of abode)  PERSONAL AND STATISTICAL PARTICULARS  14. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.
(a) Residence: No. Dakus rille St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX.   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.   21. DATE OF DEATH
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX.   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,   21. DATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH
(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERT1FY, That I ettended decessed from
(d) with the fulla to 19 to 19
6. DATE OF BIRTH (month, day, and year) Sept 21- 1855 I last saw h alive on, 19; death is said
7. AGE Years Months Deys If LESS than to have occurred on the date stated above, at 9.30 A, m.  1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Letized Farmer Cos somasso
Industry or business in which
work was done, es SILK MILL, SAW MILL, BANK, etc
this occupation (month and /// spent in this This design d
yeer) Other Coatributory Causes of importance:
12, BIRTHPLACE (city or town) (State or country)
14. BIRTHPLACE (city or towns
what test commined dieghosis! was that e en adiopsy!
The state of the s
Where did injury occur?
(Specify city or town, county and State)  17. INFORMANT MAS Murtle Aludion Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) malkusrille ma
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury
Place Production Date Con 21,1951 Nature of injury
19. UNDERTAKER Med. Creage Man 24. Was disease or injury In any way related to occupation of daceased?
(Address) Thursday mal If so, spacify
20. FILED Pet, 20, 193/ Man Lale Wright (Signed) Joseph W. M. D
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

44000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, ctc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	*			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

V. S. No. 1

FULL NAME Charles Frederic Kreh.  (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  EX	rederick City Hospital St., W.
Village or City. Frederick  Length of residence in city or town where death occurred	rederick City Hospital St., W. red in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?
Length of residence in city or town where death occurred	Ward.  If nonresident give eity or town and State  MEDICAL CERTIFICATE OF DEATH
FULL NAME Charles Frederic Kreh.  (a) Residence: No. 102 W. Third St., (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  EX	Ward.  If nonresident give eity or town and State  MEDICAL CERTIFICATE OF DEATH  TE OF DEATH
(a) Residence: No. 102 W. Third St.,  (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  EX	If nonresident give eity or town and State  MEDICAL CERTIFICATE OF DEATH  TE OF DEATH
(a) Residence: No. 102 W. Third St.,  (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  EX	If nonresident give eity or town and State  MEDICAL CERTIFICATE OF DEATH  TE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  (X	If nonresident give eity or town and State  MEDICAL CERTIFICATE OF DEATH  TE OF DEATH
ATE OF BIRTH (month, day, and year)  Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  1 Industry or business in which work was done, as SILK Mill, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  SIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Christiana Kehne.  1 Maryland  (State or country)  Maryland.  Maryland.  (State or country)  Maryland.  (State or country)  Maryland.  (State or country)  Maryland.  (State or country)  Maryland.	TE OF DEATH
married, widowed, or divorced HUSBAND of (or) WIFE.of Henrietta Dill Shultz  Aug. 10,1852  ATE OF BIRTH (month, day, and year)  Aug. 10,1852  I last  Trade, profession, or particular kind of work done, as SPINNER, Auditor  Trade, profession, or particular kind of work done, as SPINNER, Auditor  I lindustry or business in which work was done, as SILK Mill., U.S. Government  10. Date deceased last worked at this occupation (month and year)  Maryland  (Stete or country)  13. NAME John Kreh.  Maryland  (State or country)  15. MAIDEN NAME Christiana Kehne.  (State or country)  Maryland.  Maryland.  (State or country)  Maryland.  (State or country)  Maryland.	
I married, widowed, or divorced HUSBAND of (or) WIFE.of Henrietta Dill Shultz  ATE OF BIRTH (month, day, and year)  ATE OF BIRTH (month, day, and year)  AUG. 10, 1852  I last  Trade, profession, or particular kind of work done, as SPINNER, Auditor  SAWYER, BOOKKEEPER, etc.  I industry or business in which work was done, as SILK MILL, U. S. Government  10. Date deceased last worked at this occupation (month and year)  SIRTHPLACE (city or town)  (Stete or country)  13. NAME  John Kreh.  Maryland  (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town)  (State or country)  Maryland.  Maryland.  Maryland.  (State or country)  Maryland.	October 6th. (Pay) (Year)
HUSBAND of (or) WIFE of Henrietta Dill Shultz  ATE OF BIRTH (month, day, and year)  Aug. 10,1852  I last to have the profession, or particular and of work done, as SPINNER. Auditor SAWYER, BOOKEEPER, etc.  9. Industry or business in which work was done, as SILK Mill., U. S. Government.  10. Date deceased last worked at this occupation (month and year)  Maryland  (Stee or country)  13. NAME John Kreh.  Maryland  (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town) Maryland.  (State or country)  Maryland  Maryland  Accid  Wher	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Henrietta Dill Shultz  ATE OF BIRTH (month, day, and year)  Aug. 10,1852  I last to have the profession, or particular and of work done, as SPINNER. Auditor SAWYER, BOOKEEPER, etc.  9. Industry or business in which work was done, as SILK Mill., U. S. Government.  10. Date deceased last worked at this occupation (month and year)  Maryland  (Stee or country)  13. NAME John Kreh.  Maryland  (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town) Maryland.  (State or country)  Maryland  Maryland  Accid  Wher	
SE Years Months Days If LESS than 1 day, hrs. or min.  Trade, profession, or particular kind of work done, as SPINNER, Auditor SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK Mill. U. S. Government  10. Date deceased last worked at this occupation (month and year)  Maryland  (Stete or country)  13. NAME John Kreh.  Maryland  (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town) Maryland.  (State or country)  Maryland	HEREBY CERTIFY, That I attended deceesed
SE Years Months Days If LESS than 1 day, hrs. or min.  Trade, profession, or particular kind of work done, as SPINNER, Auditor SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK Mill. U. S. Government  10. Date deceased last worked at this occupation (month and year)  Maryland  (Stete or country)  13. NAME John Kreh.  Maryland  (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town) Maryland.  (State or country)  Maryland	19 31 10 G et 6 19 19 1
The P were strange of the strange of	h im alive on O e . 6 ,19 31; death is
Trade, profession, or particular kind of work done, as SPINNER. Auditor  SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK Mill., U. S. Government.  10. Date deceased last worked at this occupation (month and year)  Maryland  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town)  (State or country)  Maryland  (State or country)  Maryland  (State or country)  Maryland  (State or country)  What  16. BIRTHPLACE (city or town)  (State or country)  Maryland  Maryland  Maryland  Maryland  Maryland  Maryland  Maryland  Maryland  Maryland	ccurred on the date stated above, at 1 • 30P • m.
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. U. S. Government  10. Date deceased last worked at this occupation (month and year)  Maryland  (Stete or country)  13. NAME  Maryland  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town)  (State or country)  Maryland	NCIPAL CAUSE OF DEATH and related causes of importance follows:
9. Industry or business in which work was done, as SILK MILL, W. S. Government.  10. Date deceased last worked at this occupation (month and year)  Maryland  (Stete or country)  13. NAME John Kreh.  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town)  (State or country)  Maryland  Name  (State or country)  What  16. BIRTHPLACE (city or town)  (State or country)  Maryland  (State or country)  Maryland  (State or country)  What  Maryland  (State or country)  Maryland  (State or country)  Maryland	1 1 1 1 1
work was done, as SILK MILL, U. S. Government  10. Date deceased last worked at this occupation (month and year)  Maryland  (Stete or country)  13. NAME  John Kreh.  Maryland  (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town)  (State or country)  Maryland  Name  What  Country  Maryland  (State or country)  Maryland	pertrophus produce 14e
10. Date deceased last worked at this occupation (month and year)  Maryland  (Stete or country)  13. NAME John Kreh.  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town)  (State or country)  Maryland  Name  (State or country)  What  16. BIRTHPLACE (city or town)  (State or country)  Maryland  Accid  Where	
year) occupation Other  BIRTHPLACE (city or town)	epolities
year) occupation Other  BIRTHPLACE (city or town)	
SERTHPLACE (city or town)  (Stete or country)  13. NAME  John Kreh.  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town)  (State or country)  Maryland  (State or country)  Maryland  (Country)  Maryland  (State or country)  Maryland  Maryland  Meryland	ngtributary Causes of importance:
(Stete or country)  13. NAME John Kreh.  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town) Maryland. (State or country)  Maryland.  Accid Where	1 4-
Maryland  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town) Maryland.  (State or country)  Maryland  Accid  Where	peration shock
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Christiana Kehne.  16. BIRTHPLACE (city or town) Maryland. (State or country)  Maryland.  Accid When	
(State or country)  15. MAIDEN NAME Christiana Kehne.  23. Ho  16. BIRTHPLACE (city or town) Maryland.  (State or country)  Mag. C. F. Krah	operation Proclatectomy Date of Oct 6
15. MAIDEN NAME Christiana Kehne.  23. If of the state of country the st	V
16. BIRTHPLACE (city or town) Maryland. Accid  (State or country) When	
(State or country) When	h was due to external causes (VIOLENCE) fill In also the following:
Mar C P Vach	suicide, or homicide?, 19, 19, 19
WITS A LLA H. NYON.	d injury occur? (Specify city or town, county and State)
	whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
NFORMANT Frederick, Md.	
	of injury
M. R. Etchison & Son.	of injury
mentance Frederick Md.	f injury
4 1 2 0 1 4 0 1	f injuryisease or injury in any way related to occupation of deceased?
FILED 7 - October 2   Boar J Milled Registral	f injury

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Personitis &	3 days ago	
		00716 1931		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterias	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

4	-6	0	8	H
	- 16.	W	X	а
-81	-46	6	0	all

1. PLACE OF DEATH			(88)			
County Frederick			13/			
/ Village or City Frederick		within the	Registration Dist. No./ O/No. St.,	Wai		
		111	death because in a hospital of manuallon, give he to the linked of sireet and	number)		
			ds. How long in U.S. If of foreign blrth?yrsm	ios		
2. FULL NAME Ernest Wi						
(a) Residence: No. 404 S.	College		St., Ward.			
	(Usua) place		If nonresident give city or town and	State		
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED			21. DATE OF DEATH October 25, (Day)	, 193 ] (Year)		
5e. II married, widowed, or divorced HUSBAND of Holen R Tit				, , , , , , ,		
(or) WIFE of Helen B. Lit	tle		1 HEREBY CERTIFY. That I ettended	deceesed Ir		
	-h 15 3	905		, 19 -		
6. DATE OF BIRTH (month, day, and yeer) F 7. AGE Years Months	Days	II LESS than	to have occurred on the date stated above, at 10 Pm.	_; death is s		
46 6	10	l day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
		ormin.	were as follows:	Date of one		
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ruver			. 0		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	lessia (	andy Mfg.Co	Madisan's deserve	2		
9 Industry or business in which Who work was done, es SILK MILL, SAW MILL, BANK, etc.				- from		
Date deceased lest worked at this occupation (month and	11. Total	time (years) ent in this				
year)	oc	upation	Other Cantributer Course of Importance	-		
12. BIRTHPLACE (city or town) Naryland. (State or country)			Other Contributory Causes of Importance:			
13. NAME A. C. McCardell						
I 17	land.		Name of operation Date of	-		
(State or country)			What test confirmed diagnosis? Was there an			
15. MAIDEN NAME Alforetta	Stonebrak	er.	23. If deeth was due to external causes (VIOLENCE) fill in also the followin			
Marri	****		Accident, suicide, or homicide? Date of injury	*		
16. BIRTHPLACE (city or town)			Where did Injury occur?	, 19		
Mrs. E. W. Mc	Cardell.		(Specify city or town, county and State)			
(Address) Frederick, M	d.		Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	.ACE.		
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury			
PleceMt. Olivet Cem. Fr	cedate Oct	. 27,, 19. 31	Neture of injury			
M. R. Etchi:		•				
19. UNDERTAKER Frederick, Pd.			24. Was disease or injury in eny way releted to occupation of deceased?			
1	tura		(Signed No Am Ceurcle	24		
20. FILED 26 Och , 1931	su, a	Registrar.	(Address) Reduces Co. Reft.	land		
		address State Registrar.	2411 N. Charles Street Balamore Requesting 9) S. No. 1			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of of importance were as	death and related eauses collows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MOV 5 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	lis 201	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	RUPEAU V.S	July 5,1927	Peritonitis	3 days ago	
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

S. No. 1

County JAMMAN	11982 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 4/
Village or City (No	
2FULL NAME Mattie Bell 7	St.: Ward)  Of Gala (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH ON 3/ 199/ (Month) (Day) (Year)
S DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that Plast saw h & alive on O 3/ , 193/,
7 AGE If LESS than	and that death occurred on the date stated above, at
bout 65 yrs. mos. ds. or min?	The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work	My Cer of Colon
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 6 mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstiger) yys. mos ds.
10 NAME OF Joseph W Mc Kenzie	(Signed) 192 / (Address) 1 Trues well Ing
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Unknown	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State of Country)	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mo & G Heffner	Former or usual residence
(Address) Burnwick Ind	Bussille md Nov 2, 1831
Filed M. Final 198 MM. N. S. Harriston	Morris four Bunswick md
If more banks are needed, address tate Registrar	, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to cuch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on Stationary fireman, etc. For persons who have no occupation But in many Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

st\_ted unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all "E.haustion," "Heart murre, machine," "Shock," "Old Age," "Shock," "Old Age," adding a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Example: Measles (disease valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

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THI	I I I	_	7 yrs. 6 mos. 28 ds. or
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Z	pla nt.		b) General nature of industry
9	In In		usiness, or establishment in which employed or (employer)
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ADI			(State or country)
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173	- 0	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
E	sh		and Marie Marie
R	700		(Informant) / M. J.
5	Every Item CIANS sho statement		(Address) Jagassas V
	Every CIANS stater	15	1) 4 2 21
		15	Filed ( 10) . 28 192 ( Soma ) . So
			/ Regist
	Z		If more bianks are needed, address State Re

PLACE OF DEATH

[If LESS than I day hrs. o. or \_\_\_\_min.?

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 14

St.: Ward)	a hospital or institu
	tion, give its NAME in
	number.)

Merritt	tion, give its NAME instead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	124 0.
(Month)	29 , 1929/
fau 9" 198/ to Oct	-29ª , 19291.
that I last saw h was alive on Oci-	
and that death occured on the date stated a	bove, atA_m.
The CAUSE OF DEATH * was as follows:	1.1-
thronic ando co	
Unreala film	illalia
	***************************************
(Duration)	yrs,ds.
Contributor Gernie alteras	& Scleroni
(Duration)	yrs mosds.
(Signed) Morris a- (B)	niely M.D.
Oct : 20 1921 (Address) Thus	
*State the Discase Causing Peath, Violent Caus s, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) whether
18 LENGTH OF RESIDENCE (For Hospita	als, Institutions, Trans-
ients or Recent Residents)	
At place In the of deathyrsmosds. State	
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balem, Va	105-1.1931
20 UNDERTAKER	ADDRESS
Villando y relger	Murmons

State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very im ortant, so that the relative health state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealadditional line is provided for the latter statement: it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Ciril engineer, Stationary fireman, etc. the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive-a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, 317.8). without more precise specification as For persons who have no occupation (b) Automobile factory. The material Laborer--Coul mine, etc. Wom-Locomotive engineer, As e-amples : (a) But in many 6 Greecry; Day

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,";

> "Iraemia," "Weakness," etc., when a definite disease American Medical Association.) stated unless important. Example: Measles (disease approved by Committee on carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicuemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); . . . . . (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as mobably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY Whooping cough; Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train etanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, resulting from childbirth or misoarriage as or intercurrent) Chronic Carcinoma, affection need etc. The contributory valvular heart disease; Nomenclature Sarcoman Measles ; not be etc., of death

If this certificate is blocked over thoroughly and all questions answered in defail, it will prevent further correspondence. A.I the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH

RESERVED

Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than 1 day, ... hrs. or \_\_\_\_min. 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc... may Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) no this occupation (month and spent in this occupation ... Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) ATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully HER 15. MAIDEN NAME important MOTH DEATH 16. BIRTHPLACE (city or town) (State or country Where did Injury occur? .... 17. INFORMAN OF 18. BURIAL CREMATION OR Manner of injury WRITE CAUSE Nature of injury 24. Was disease or injury in any way 19. UNDERTAKER If so, specify (Signed) Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) That I attended deceased from to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Clated to occupation of deceased?

If more blanks are needed, address State Rosstrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 10/5	1915	Attack of epilepsy	i week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week age	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		of importance were as follows:		
The principal cause of death and related causes of importance were as follows:				
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Lance of the second				
Other contributory causes of importance:		Other contributory causes of importance:	•	
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Frederick Md.

(Address)

20. FILED / 5-

STATE OF MARYLAND-CERTIFICATE OF DEATH . 11986

Registration Dist. No. 19.  No. 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  St., Ward St. How long in U.S. if of foreign birth? 19.  Specify city or town, county and State) 19.  Specify city or town, county and State) 19.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury 19.  Nature of Injury 19.  St., Was disease or injury In eny way related to occupation of deceased? 19.  St., Was disease or injury In eny way related to occupation of deceased? 19.  St., Was disease or injury In eny way related to occupation of deceased? 19.  St., Was disease or injury In eny way related to occupation of deceased? 19.  St., Was disease or injury In eny way related to occupation of deceased? 19.  St., Was disease or injury In eny way related to occupation of deceased? 19.  St., Was disease or injury In eny way related to occupation of deceased? 19.  St., Was disease or injury In eny way related to occupation of deceased? 19.  St., Was disease or injury In eny way related to occupation of deceased? 19.	107-01	1	101	
No. St., Ward.  St., Ward. If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  October 16th. 193 1 (Month) (Day) (Year)  22. Older Berger Common 193 1 (Month) (Day) (Year)  22. Older Berger Certificate Of Death 193 1 (Month) (Day) (Year)  23. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Other Contributory Causes of importance:  Name of operation. Date of Month in also the following:  Accident, suicide, or homicide? Date of Injury 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injur	y - MAAA WARE	Registra	tion Dist. No./ 0/	-
death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?	No		49	Ward
St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  October 16th., 193 1 (Wonth) (Day) (Year)  22. Ol HEREBY CERTIFY. The lattended deceased from 193 1 (Year)  1 last saw h. 9T. alive on	death occurred in a hospital or in	stitution, give its N	AME instead of street on	
MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  October 16th. (Day) (Year)  22. OLL HEREBY CERTIFY. The lattended deceased from (Year) (Year)  11 last saw h. Or alive on 193 / death is said to have occurred on the date stated above, at 5.45 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Other Contributory Causes of importance:  Name of operation. Date of What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury. 19  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury.  Nature of	ds. How long in U.S.	if of foreign birth	?yrs	mos ds.
MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  October 16th. (Day) (Year)  22. OLL HEREBY CERTIFY. The lattended deceased from (Year) (Year)  11 last saw h. Or alive on 193 / death is said to have occurred on the date stated above, at 5.45 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Other Contributory Causes of importance:  Name of operation. Date of What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury. 19  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury.  Nature of				
MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  October 16th. (Day) (Year)  22. OLL HEREBY CERTIFY. The lattended deceased from (Year) (Year)  11 last saw h. Or alive on 193 / death is said to have occurred on the date stated above, at 5.45 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Other Contributory Causes of importance:  Name of operation. Date of What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury. 19  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury.  Nature of				
MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  October 16th. (Day) (Year)  22. I HYEREBY CERTIFY. The lattended deceased from 193 / to 193 / death is said to have occurred on the date stated above, at 5.45 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follow:  The Principal Cause of importance:  Other Contributory Causes of importance:  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Date of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Specify (Signed)	St., Ward.			
21. DATE OF DEATH  October 16th. (Day) (Year)  22. OLHEREBY CERTIFY. THE lattended deceased from 193 to 193 (death is said to have occurred on the date stated above, at 5.45 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Other Contributory Causes of importance:  Name of operation. Date of What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Dato of Injury 19 Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  Nature of Injury.  Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	MEDICAL			nd State
October 16th. (Day) (Year)  22. OI HER EBY CERTIFX. The I attended deceased from 1931 to 100 ft. (No. 1931)  1 last saw her alive on 1931 to 1			ATE OF DEATH	
22. Old HERE'BY CERTIEX. The lattended deceased from 193 to 193 t	21. DATE OF DEAT		7.013	
22. Old HERE'BY CERTIEX. The lattended deceased from 193 to 193 t		(Month)	16th.	
I last saw h. OT alive on OC		(,	(==,,	(,,,,
I last saw h. OT alive on OCS 1.5.4.5 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follow:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follow:  Oate of onset  Other Contributory Causes of importance:  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?  Oate of onset  Oate of oate of oate oate  Oate oate oa	22. I HEREI	BYCERT	IFX. That I attende	ed deceased from
to have occurred on the date stated above, at 5.45 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The principal date of the present	00.8		401.16	19 3
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:    The process of				, ; death is said
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:    The process of	to have occurred on the date s	stated above, at 5	.45 A <sub>m</sub>	
Other Contributory Causes of importance:  Name of operation				
Other Contributory Causes of importance:  Name of operation  What test confirmed diagnosis?  23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed)	were as follows:	tip (Y	D	Oate of onset
Name of operation	Theory	COM	ecuvinous	mot
Name of operation				Cres
Name of operation	Groncho-preum	med a Devi	\$-B.	0,1931
Name of operation				
Name of operation				
Name of operation	Other Contributory Causes of i	mportance:		
Name of operation	Den	ilet	14	
What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?, 19, 19, 19, 19	/			
What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?, 19, 19, 19, 19			0	
What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?, 19, 19, 19, 19	Name of operation		Date of	
23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?				
Accident, suicide, or homicide?				
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed)				-
Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed)  M. 0.	Accident, suicide, or homicide	}	Date of Injury	, 19
Manner of injury  Nature of Injury  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed)  M. O.	Where did injury occur?	/Sif	10	
Manner of injury  Nature of Injury  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed)  M. O.	Specify whether injury occurre	ed in INDUSTRY,	in HOME, or in PUBLIC	PLACE.
Nature of Injury  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed)  M. 0.	*****			
Nature of Injury  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed)  M. 0.	Manner of injury			
24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed)  M. 0.				
If so, specify (Signed) The formula and M. O.				
(Signed) for the contract of M. O.		y way related to	occupation of deceased?_	
I la a la igal ta	If so, specify	11 17	7	
(Address) flederick M.D.	(Signed)	VI. Ye	willen	ascmo.
	(Address)	rede	rick	210

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A Adeptor	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriasclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
		16 5	
		160 15 3	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHYSICIAN
				W. Married	T And T

BINDING

FOR

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
P. As . See See See	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE, OF DEATH	STATE OF MARYLAND
County Fledericks	CERTIFICATE OF DEATH
10	Registration Dist. No. 141
Village or City Sunsy	St: Ward) (If death occurred In a hospital or institu-
7. 018	tion, give its NAME is stend of street and
2FULL NAME delia at Jayy	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 0 1903 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hey alive on by 19 1901,
7 AGE	
about 73 yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or green store perfectly particular kind of work diviews	govor Framores
(b) General nature of industry	) p
business, or establishment in  which employed or (employer)	(Duration)yrs,mosds,
9 BIRTHPLACE (State or country)	Contributory Secondary Durstion yrs mos ds.
10 NAME OF FATHER Joseph & Same	(Signed) Year M. D.
OF FATHER  Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sarah & Jone	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  W	ients or Recent Residents) At place of deathyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
In Jack & B Ride and	Former or usual residence
(Informant) mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Ridgeway W Va	Parones Charlet W va Oct 22, 1831
Filed Ock 20 1923   Mrs H & Nedges Registral	20 INDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
If more blanks are needed, addre.s htate negistra	, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

11938

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to cach and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopusumonia ("Pneumonia")

(secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is loss definite; avoid "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, etc. accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underearbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as, fracture of skull, and consequences (e.g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	
	County Frederick morn annual	Registration Dist. No. 23 1
A A	Villago or City Frederick	No. /// m. 3 mg St. Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
CORD. Every PHYSICIANS ct statement	Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U. S. If of foreign birth?yrsmosds.
KD. Every VSICIANS statement	2. FULL NAME taliza Cearre	-
tay D	(a) Residence: No. /// 77. 3 mg =	St., Ward.
OR HY t s	(Usual place of abode)	If nonresident give city or town and State
- PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
£3.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
BINDING PERMANEN EXACT y classified te.	5a. If married, widowed, or divorced HUSBAND of	
DICAN A CASSISSISSISSISSISSISSISSISSISSISSISSISSI	(or) WIFE of	22. h I HEREBY CERTIFY Thet Lattended deceased from
	Jean 7 18.0	1937 10 000 1927
FOR BI IS A PEI stated E properly certificate.	6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Deys If LESS than	lest sew h. alive on
FOR B IS A PE stated E properly ertificate	7. AGE Years Months Deys If LESS than 1 day, hrs.	to have occurred on the date stated above, et. 7
FC IS sta		were as follows:
- 70	8. Treide, profession, or perticular kind of work done, as SPINNER, Clearly SAWYER, BODKKEEPER, etc	Band- 16. 121.
		18 concre Oracismonia day
K-T nould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	ermiral.
SE IN	SAW MILL, BANK, etc.  10. Dete decesed last worked at this occupation (month end spant in this	She watel Consisted
RESER VG INK— AGE shou that it mo	yeer) occupation	Other Cantributary Causes of importence:
Z 49	12. BIRTHPLACE (city or town) Murouville	Office Caudiously Causes of Importence.
	(Stete or country) Md.	Chronic Rephito; yes
MARGI UNFA supplied n terms,	E 13. NAME James Scarre	arterio aclersia dem Cita
D Ha	13. NAME James Scarre  14. BIRTHPLACE (city or town) Musicilla	Neme of operation
7 70	(Stete of country)	Whet test confirmed diegnosis? Wes there an autopsy?
efully in plai	15. MAIDEN NAME Eliza Duddera 16. BIRTHPLACE (city or town) Minimized and	23. If deeth wes due to external ceuses (VIOLENCE) fill in else the following:
	5 16. BIRTHPLACE (city or town) Museumll	Accident, suicide, or homicide? Dele of Injury
be car	S (State or country)	Where did injury occur?
AINLY, di be car DEATH y import	17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
E PLA should OF D	(Address) ×	
B as a si	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Piece Musamilla Dete C. 1,193	Neture of Injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER 6. E. Cline Hon	24. Wes disease or injury in any wey related to occupation of deceased?
9 1	(Address) Frederick Hid.,	If so, specify
S. B.	20. FILED 7-Catoley 193/ das mediudy	(Signed)
> Z	Registrar.	(Address) It redenant My
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
Appendix and the second			
	Other contributory causes of importance:		
May 1,1923	Gastroentcritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH

· County _ / Ted Luck	210 M CERTIFICATE OF
Village or City X Preus Sucho.	Registration Dist. N
2FULL NAME Raymand	St.: Ward) (If a ho tion, stead num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
S SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) \$ (Day
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on the White
7 AGE  About 52 yra. moa. de. or min.?	and that death occurred on the date stated above, The CAUSE OF DEATH * was as follows:  Class of secretary: Brunswick, md.
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or eatablishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary (Purson) Yre
ID NAME OF FATHER  II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LINGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents)  At place In the of deathyrs
(Informant) Malty Carried  (Address) Busselief Park	Where was disease contracted, if not at place of deah?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DA  Out Height ADD
If more banks are needed, address tate Negistra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo.

STATE OF MARYLAND TE OF DEATH

on Dist. No.

(If death occurred In a hospital or institu-tion, give its NAME is stend of street and number.)

E OF DEATH attended the deceased from ted above, at .I.E ..... mos..... ath, or, in deaths from Injury and (2) Whether spitals, Institutions, Transthe State.....yrs.....mos.... DATE OF BURIAL

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or household only (not paid Housekeepers who receive a Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on At Home, and children, not gainfully emwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros: inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorinage," "Shock," "Shock," st\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on Nomenclature of the "" "Weakness," etc., when a definite disease ChronicExample: Measles (disease etc. valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(9	)	PHYSI-
	WRITE PLA LY, TH UNFADING INKTHIS IS A PERMANENT CORD	N. B. Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
NG	ANGUL	Every item of information should be carefully supplied ACE should be rated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
BINDI	A PERM	SE should nat it may ons on ba
MARGIN RESERVED FOR BINDING	THIS IS	uppiled A(erms so the instruction
RESER	NG INK-	arefully su in plain t ortant. Se
MARGIN	UNFADI	ould be come DEATH very impo
	.Ү, ТН	CAUSE CATION IS
	PLA .	of inform
	WRITE	very item
V. S. No. 1	6	N. B.

V. S. No. 1

PLACE OF DEATH  County Frederick	11991 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 144
Village or City Surant (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 BEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  MODEL 21, 1833  (Month) (Day) (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  19230 to 4 19 , 193/  that I last saw holds alive on 535
7 AGE    S   S   S   S   S   S	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) /yrs mos d  Contributory Secondary (Duration)yrs mos d
10 NAME OF FATHER Warnel A Powell  11 BIRTHPLACE OF FATHER  (State or country)  Md	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. I. 1923) (Address) (Address) (Address) (Address) (Address) (Address) (M. I. 1923) (Address) (Address) (M. I. 1923) (M. I.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yes mos. de State yes de
(Informant) Aille Powell	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Harmony Grove  (Address) Harmony Grove  Filed D. J. 22 1931 anna M. Registral	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  Och 22, 193  20 UNDERTAKER  ADDRESS  AUTHORITIES  ADDRESS  AUTHORITIES  ADDRESS  THE GRAN STREET
If more blanks are needed, addross State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association)

fulness of various pursuits can be known. definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," et., without more proced mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foremun, (b) Automobile factory. The material should be used only when needed. As etamples : a) additional line is provided for the latter statement; if nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Xianager," "Dealwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. en at home, first line will be sufficient, e.g.. Farmer or Plonter, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, who are engaged in the duties of the persons The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonilis, diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart ...." Old Age, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL. OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be Whooping · .... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death 'elanus') may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, unless important. Example: Measles (disease interstitial nephritis, by Committee on Nomenclature cough; Chronic etc. valvular heart The contributory Always quality all "Shock," disease;

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Frederick Within the Corpor	CERTIFICATE OF DEATH
	Registration Dist. No. 3/2
	Jee Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH A LA SOLVA
male bolored MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	did not have a Physician their
7 AGE  7 AGE  16 LESS than 1 day hrs. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Particular kind of work  (b) General nature of industry	Taugrene of Right foot.
business, or establishment in which employed or (employer)	(Duration)yrsmosdo
9 BIRTHPLACE (State or country)  Maryland	Contributory Secondary  (Duratign)yrs
10 NAME OF Robert & Probee	(Signed) Myses Green to Ingelest M. I (Address) Ingelest my
OF FATHER (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Marke Joogood	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
of MOTHER (State or Country) Many land.	At place of death yrs mos ds. In the State Line mos d
(Informant) Hance P. Pribee	if not at place of death?  Former or usual residence of all fount lived
(Address) Boslin mass	19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL 27 - Coffee 2,
Filed 27 - Catoflew & I day meturely Registrary	alfect Deyon Fiederic
Is more branks and needed address State Revistra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

11992

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, cupation is very important, so that the relative health-Housemaid, etc. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman. At Home, and children, without more precise specification as Day Compositor, Architect, Locomotive For persons 6) If the occupation has been changed Automobile factory. The who have no occupation not gainfully em-(b) material engineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Mcasles, ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; Committee on "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular Nomenclature Always qualify all heart disease; ICIDAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important. N. B.-WRITE PLAINEY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		
County Frederick	Registration Dist. No. 140	
Village or City Near Ressrille		/ard
(If Length of residence in city or town where death occurred. yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsmos	de
	- 6	
2. FULL NAME STATES	C4 Ward	
(a) Residence: No. / U.M. / Wayshill place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ford)	21. DATE OF DEATH Oct, 2/- 193/ (Month) (Day) (Year,	)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Quick	22. Oct. 16 1931 to Oct. 21- 193	
6. DATE OF BIRTH (month, day, and year) Lesh 30 1864	I last saw ham alive on Oct 1 20 - 193]; death is	said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at A.m.	
6 1 0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of or	nset
8. Trade, profession, or particular kind of work done, as SPINNER APPLIED SAWYER, BOOKKEPER, etc.	anterior charación abou	1-
	192	5-
9. Industry or business in which work was done, as SILK MILL, Tarm Jakone		
O Data deceased last worked at this occupation (month and year) occupation occupation.		
O A	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	· no	
14. BIRTHPLACE (city or town) Not burn	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an au'opsy?	
15. MAIDEN NAME NAME RESPONSE	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT TURBULE Turks (Address)	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury	
Place Date Date Date Date Date Date Date Dat	Nature of injury.	
19. UNDERTAKER M. S. COLLAGO STAN	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Chunghan MA	If so, specify (Signed) Co. 10. Miles	M. D.
20. FILED ON 13, 18/ S Courted Registrar.	(Address) Wood of Sid Alld	m. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
0.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDING PERMAN A FOR ITH UNFADING INK-THIS IS MARGIN RESERVED WRITE PLANLY

V. S. No. 1

ż

1 <sub>PLACE</sub>	OF DEATH		STATE OF	MARYI AND
County	Frederick	10)	CERT!FICATE	
/			Registration	Dist. No. /40
Village or City	Segore (No.	1 180	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FU	LL NAME / abrilla)	ans 172	dmond	number.)
PERSO	NAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	Och	3 , 193/
6 DATE OF BIR	ятн	17 I HEREB	Y CERTIFY, That I at	tended the deceased from
	July 3, 192 (Month) (Day) (Yes		1931 to 00	2 2 193/
7 AGE	IlfLESS t		irred on the date state	d above, at 5 A m.
	5 yrs. 3 mos. 6 ds. or m	hrs. The CAUSE OF DEA	TH * was as follows:	
a OCCUPATION (a) Trade, pr	rofession or		Diphthere	
(b) General n business, or e	nature of industry stablishment in yed or (employer)		(Duration)	yreds.
9 BIRTHPLACE (State or co		Contributory Secondary	(Durstion)	vrs. mos
10 NAME C	- 10 1	(Signed)	6,0,0	Stultz M.D.
OF FATH			(Address)	
ш	r country)	Violent Causes, s Accidental, Suicidal	state (1) Means of L tor Homicidal.	njury and (2) Whether
OF MOTE		18 LENGTH OF R		itals, Institutions, Trans-
13 BIRTHPI OF MOTE		At place of deathyrs	In the	e deyrsmosds.
	IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cor if not at place of de	itracted, ath?	
	26 11. P. 1.	Former or usual residence		•••••
(Informant	Navag / Jesus	19 PLACE OF BURIL	AL OR REMOVAL	DATE OF BURIAL
(Add	ress) Terrore MA.	- Oak /r	Ell	Oct 3 , 193/
15 Filed Oci	t J 1934 Could	20 UNDERTAKER	all f	1 N de hour
	If more bianks are needed, address State Regi	10000	Balto., Requesting V.	S. No. 1. 241
				704

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from work, Spinner, (b) Cotton mill; (a) Salesman. fulness of various pursuits can be known. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many (6) The quesengineer, Grocery; Doy

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (\*crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. ..... (name origin; "Cancer" is less definite; avoid approved by secident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy trointaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Corcinoma, Sorcoma, etc., ol Never report mere symptoms or terminal condi-Committee on Chronic valvulor heart disease, Example: Meosles (disease etc. The contributory Nomenclature Always qualify all Measles, not be

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STATE OF MARTLAND	CLIVIII ICATE OF DEATH
1. PLACE OF DEATH	40 11995
County Treslevick	Registration Dist. No. 3/=
Village or City Fuderick (If	No. At Hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Chine Trang	litterd
(a) Residence: No. man Braddock (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Track	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced mosean of Dewis Richard (or) WIFE of Dewis Richard	22. I HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, day, and year) July 22-1877	t last saw h 2 aliva on O 1 19 7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
54 2 25 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date decased last worked at this occupation (month and spent in this	Cente cardiae delatetion 10-1>-31
work was done, as SILK MILL. SAW MILL, BANK, atc	
10. Date decaased last worked at this occupation (month and year)	
Frederick &	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Thediastinal Tumor:
13. NAME Samue Lo. Timble	molignant: 6 months duration, cuto
13. NAME  14. BIRTHPLACE (city or town) Freix & Let  (State or country)	Name of operation Dete of What tast confirmed diagnosis? I hay Shindiis Wes that an autopsy? Lo
15. MAIDEN NAME Ann Loighte	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Truderick	Accident, suicide, or homicide? Date of Injury, 19
The Frankli C+ 0	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Graldock rul	Specify whether injury occurred in impostrut, in florit, of introductor (2001.
18. BURIAL, CREMATION, OR REMOVAL Date Oct 20, 193/	Manner of Injury
19. UNDERTAKER & Coline +Son (Address) Freduck ned.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 19 Octobers 3 1 Day McCeuches Registrar.	(Signed) Fra L' fraudfull M. D.  (Address) Traderick Mas
If more blanks are needed address State Registrar	2411 N Charles Street Baltimore Requesting 71 S No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II ·	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

r.	·	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11996
infor- state	CP	1. PLACE OF DEATH	127
	OCCUPA	county I'rederick on	Registration Dist. No. 2
item of	0 /	Village or City Firedirests	No. Coilig hospital St., Ward
• —	7		death occurred in a hospital or institution, (ave its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
Every	nen	( Paris	
	statem	2. FULL NAME	7
<b>1</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	sts	(a) Residence: No. /// (Usual place of abode)	St., Ward.  If nonresident give city or town and State
SCOR.	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
•	Ex	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH ( 21 , 193 )
AG TE	ssified.	5a. If married, wildowed, or divorced HUSBAND of	(Month) (Day) (Yaar)
BINDING FRMANEN EXACT	Ssi	(or) WIFE of Gumal are Kraise	22. () SEREBY CERTIFY. That y attended deceased from
N K	cla .	dua 20. 0,872	I last saw h /m alive on 0 et 21 , 19 31 ; daath is said
Out .	2 2	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3 46° Pm.
FOR IS A stated	properl	58 1 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	pr	8. Trada, profession, or particular	were as follows: Courte cholecystilis Date of onset
CD HIS	be of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oberation Oct. 20.
RESERVED G INK_THIS	may	Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
ERV VK—T		SAW MILL, BANK, etc	
ES A	10	this occupation (month and spentin this year)	
Z <	erms, so that instructions	2011	Other Contributory Causes of importance:
NIN A	, so ucti	12. BIRTHPLACE (city or town) (State or country)	I suddente
MARGIN UNFADI	terms,	13. NAME Hames (Kraure	acute dilatation of heart
MA	40	14. BIRTHPLACE (city or town)	Name of operation & Polecy story Date of Get 20-3
	1 PM	(State of country)	What test confirmed diagnosis? lo beration_ Was there an autopsy?_ ICa
X, WHI	in p	15. MAIDEN NAME MANGEVET SUCCE  16. BIRTHPLACE (city er town)  (State or country)	23: If death was due to external causes (VIOL ENCE) fill in also the following:
K,	EATH in 1 important.	5 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of Injury, 19
S E	DEATH y import	(State or country)	Whera did injury occur? (Specify city or town, county and State)
E PLAI	OF DE very in	17. INFORMANT Mar. James Blogers (Address) January Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Sha Sha	E OF is ver	18. BURIAL, CREMATION, OR REMOVAL REMOVAL CO.	Manner of injury
WRITE	SI	Place Jane Jane Date 24,1931	Nature of injury
WRIT	CAUSE TION is	19. UNDERTAKER LOOS JURAN SON	24. Was disease or injury in any way related to occupation of deceased? NO
No.	, 0 -	(Address) Danlytown, My,	If so, specify
X. S. H.		20. FILED 28. Odofer 1021 draf mcaudy.	(Signed) M. M. D. M. D.
P 4		Registrar.	(Address) to rederect The
		15 mosé blanks are needed, address Spyle Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

10 : 2:	STATE OF MARYLAND—	CERTIFICATE OF DEATH
stat UPA	1. PLACE OF DEATH	(163)
OCC OFFICE OF STATE O	County Trederick	Registration Dist, No. 12/-
A E	Village or City monteurs Howital	No Montecue Grapulasi Wal
111 2	Length of residence in city or town where death occurredyrs,mo	f death occurred in a hospital or institution, give its NAME instead of steet and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos.
RD Every YSICIANS	Λ	
# E E	2. FULL NAME TORANGE	No. 2
	(a) Residence: No. W. W. Guru U. C. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
CCORI PHYS Exact st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH QCT /5 , 193 / (Month) (Day) (Year)
AANEN ACTL assifted.	5a. If married, widowad, or divorced HUSBAND of	(1001)
OV	(or) WIFE of	22. t HEREBY CERTIFY, That I attended deceased from the control of
A SNO	6. DATE OF BIRTH (month, day, and year)	I last saw hum alive on QeV 15 193/ ; death is sa
a	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8400 m.
FOR IS A stated proper	7 8	mer as follows
- 70	8. Trade, profession, or perticular	Suiciles by taking poison, of unknown nature. Date of ons
VED -THIS did be ay be ck of	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Day Balone	Porson Buration 3 days.
ERVI NK—T should it may n back	9 Industry or business in whiche work was dona, as SILK MILL, SAW MILL, BANK, etc.	(5)
SE INK	10. Dato deceased last worked at 11. Total time (years)	n det de
[-] [7] 44	this occupation (month and year) - 000 117 1931 spent in this occupation 600	Unable to pay the Rind of porson tobers, no au-
N A L S	12. BIRTHPLACE (city or town) Wareland	Diher Contributory Causes of importance:
	(State or country)	
MARGI UNFA] supplied. n terms, ee instru	13. NAME Joseph S. Russell 14. BIRTHPLACE (city or town). Maryland	
MAH UH U sun tain t		Name of operation
1 2 2	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
INLY, WITH	15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to externat causes (VIDL ENCE) filt In also tha following:
L'X,	16. BIRTHPLACE (city or town)   State or country)	Accident, suicide, or homicide?
INLY, be car EATH import	0 0 0. 9	Where did Injury occur?  (Specify city or town, county and State)
	(Address) Mantenny Longh, Jacob M. M. d.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Served with margaret & Forning; both took the same point
7-7 (0	18. BURIAL, CREMATION, OR REMDVAL	Manner of injury
四一田出	Placetualized Mean Ble Oct. 16, 1931	- Nature of injury
WRITE mation s CAUSE TION is	19 HNDEDTAKER / L/Ser.	24. Was disease or Injury In any way ratated to occupation of deceased?
No. 1	19. UNDERTAKER 6 & Colombia (Addiess)	If so, specify
S	20. FILED 1 b- Catales 31 Dra melules	(Signed) 36 dioning M.
> Z	Registrar.	(Address) Traderick Md

If more blanks are needed, address Stock Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ... Ward) If death occurred in a hospital or instituion, give its NAME inetend of street wumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 16 DATE OF DEATH 3 SEX COLOR OR RACELS SINGLE. (Day) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last sow h L. M. olive on. (Month) (Day) and that deoth occurred on the dote stated above, at 102 7 AGE If LESS than I day ..... hrs. (a) Trade, profession or particular kind of work..... (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ENTS ..... 1925 /. (Address) 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. OF FATHER US (State or country) 4F œ state OA K 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-0 ients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER 00 of death ...... yrs...... mos......da. State,....yra.....mos..... Where was disease contracted. if not at place of death?... shore Former or usual residence... CIANS DATE OF BURIAL if more blanks are needed, address State Registrar. 16 W. Saratoga St., Baito., Requestive V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, ployed, as At "chool or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Croceru: additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Lecomotive engineer tion applies to each and every person, irrespective of eupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foreman. (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, fulness of various parsuits can be known. Statement of Occupation - Precise statement of oc-6 yrs.). For persons who have For many occupations a single word or term on without more precise specification as по оссиратов The ques-Day

Statement of Cause of Death—Name, first, the disease causing district the primary affection with respect to time and causation), using always the same arcepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,").

ment of cause of death approved by Committee on nead quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under "PUERPERAL septicacmia," "PUERPERAL pcritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or causing stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart discase; use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conseof "contributory." (Recommendations on statedeath), 29 ds.; Bronchopneumonia "Debility" ("Congenital," "Senile," etc.) Example: Meastes Always qualify all (merely terminal (disease (second

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	11999 STATE OF MARYLAND
County Traderics	CERTIFICATE OF DEATH
S. 1 + 1 -	Registration Dist. No. 13 7
Village or City Warly town (No.	St.: Ward) (if death occurred it
2 FULL NAME Tuma Horman	Jappungton tion, give its NAME is stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Hute Single, Married, Fidon OR DIVORCED (Write the word)	16 DATE OF DEATH OCK - 15, 1981
6 DATE OF BIRTH	I HEREBY CERTIFY, That Pattended the deceased from
(Month) (Day) (Ye	1/0/- 15
7 AGE   IfLESS	than and that death occurred on the date stated above, at 2,45 Pm
7 La yrs. 10 mos. 26 ds. or n	hrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or P. 1-	Myosardelio
particular kind of work Curia Would Working	
business, or establishment in which employed or (employer)	(Duration) 2 yrs, 0 mos Ods
9 BIRTHPLACE (State or country) 7nd	Contributory Sections (Durstion) yrs mos de
FATHER HENRY C. Horman	(Signed) Ohs. 73. Storie M. D.
OF FATHER (State or country)  OF STATES (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Margaret a Cochrau	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) mas J. C. Aafapunglo.	Former or usual residence
(Address) abutytown	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  J. Peters Camelery Och 17, 1931
Filed Oct 16 19231 That Crefugar	2D UNDERTAKER Partly Roberty Sown
If more blanks are needed, address tate Regi	istrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart lander, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al (secondary or intercurrent) affection need not be approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the

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4

(A		PHYSI-
	IS A PERMANT I CORD	. ACE should be stated EXACTLY, PHYSI-so that it may be properly classified. Exact uctions on back of certificate.
	F/	. ACE should be stated EXAC. so that it may be properly class uctions on back of certificate.
FOR BINDING	ATT.	ay be
B	PER	short it it m
FOR	IS A	So tha

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, M WIDOWED. OR DIVORCED (Write the word) DATE OF BIRTH 17 (Month (Day) (Year) Ilf LESS than 7 AGE I day hrs. ....min.? 6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE ARENTS OF FATHER (State or country) 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH and that death occurred on the date stated above The CAUSE OF DEATH \* was as follows: (Durstion) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-Where wes disease contracted, if not et plece of deeth? 20 UNDERTAKE ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Civil engineer, Physician, Compositor, tion applies to caeh and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer ( or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed or given up on account of the gaged in domestic service for wages, as Servant, Cod to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-LEASE CAUSING DEATH (the primary affection with respectly to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), townus may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbalic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) Chronic interstitial nephritis, Whooping approved by Committee on (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic etc. The contributory affection need valvular Nomenclature of the Always qualify all "Haemorrhage, heart disease; not be

All this certificate is looked over thoroughly and all questions answered in detail, it will prevent turther correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In-stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	7	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1931	1915	Attack of cpilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	THE TAREST S	July 5, 1927	Peritonitis	3 days ago
		1		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH  County Frederics		Registration Dist. No	134
Village or City motture			
Village of City	(1)	Nodeath occurred in a hospital or institution, give its NAME instead of	St.,War
Length of residence in city or town where death occurred	O yrs. mgs	ds. How long In U.S. if of foreign blrth?yrs	
2. FULL NAME Many alver	ta It	euley	
(a) Residence: No.		St., Ward.	
	ce of abode)	If nonresident give city	or town and State
PERSONAL AND STATISTICAL PART	TICULARS	MEDICAL CERTIFICATE OF D	EATH
OP DIVOR	RRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	
T W M	7111 And	(Month) (Da	, 193 (Year)
a. If married, widowed, or divorced			,, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of James - head	1	22. I HEREBY CERTIFY, Thet	1 attended deceased from
h 2	1	7.19 10	you death is sa
DATE OF BIRTH (month, day, and year)	11861	n -	; death is sa
. AGE Years Months Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, at	****
09 1 1 1 9	ormin.	were as follows:	Oate of ons
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.		A	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Chilical humortie	110/30
work was done, as SILK MILL, SAW MILL, BANK, etc			Ţ
Date deceased last worked at 11. Total	time (years)	<u> </u>	
this occupation (month and )	ent in this		
		Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) (State or country)	end		
	-/		
13. NAME William Har	Juny		
14. BIRTHPLACE (city or town)  (State or country)	2	Neme of operation	Date of
	ear.	What test confirmed diagnosis?W	as there an autopsy?
15. MAIDEN NAME Eller my Sky	nesyer	23. If death was due to external causes (VIOLENCE) fill in also t	he following:
15. MAIOEN NAME Eller My Slov  16. BIRTHPLACE (city or town)	> ()	Accident, sulcide, or homicide? Dete of in	jury, 19
(State er country)	eu J	Where dld injury occur? (Specify city or town, cou	univ and State)
7. INFORMANT James Sole	aley 1	Specify whether Injury occurred in INDUSTRY, In HOME, or in	PUBLIC PLACE.
(Address) Emmist	my But		
8. BURIAL, CREMATION, OR REMOVAL	11 21	Manner of Injury	
Place Resporte all Date Il	00.1.,19.01	Nature of injury	
9. UNDERTAKER U. J. Shuff	A.	24. Was diseese or injury in any way releted to occupation of de	eceased? 20
(Address) Sumutal	sug red	If so, specify	
0. FILEO (O et 30, 1931 111. T. &	1/1/1	(Signed)	Mess M.

19000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Chronic interstitial nephritis 1921 Run over by street car 1 week ag	Example I		Example II	
Arteriosclerosis  Chronic interstitial nephritis  1915  Attack of epilepsy  1 week ag  Chronic interstitial nephritis  1921  Run over by street car  1 week ag  July 5, 1927  Peritonitis  3 days ag  Other contributory causes of importance:  Other contributory causes of importance:	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Cerebral hemorrhage  July 5, 1927 Peritonitis  3 days ag  Other contributory causes of importance:  Other contributory causes of importance:			Attack of epilepsy	1 week ago
Other contributory causes of importance:  Other contributory causes of importance:  Other contributory causes of importance:	Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Other contributory causes of importance:  Other contributory causes of importance:		July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Other contributory causes of importance:	BUREAU V.S.			
Gallstones   May 1,1923   Gastroenteritis   1 year	Other contributory causes of importance:		Other contributory causes of importance:	
	Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12003
1. PLACE OF DEATH ,	(34)
County Frederick	Registration Dist. No.
Village or City Beaver Daw	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?
2. FULL NAME Cellian Elizabeth	thank .
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Temale  White  Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from  Oct. 1. 1931. to
6. DATE OF BIRTH (month, day, end year) Oct 14th 1911	I last saw her elive on Det 10 193/; deeth is said
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:15 m.
19 11 26 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Seamstress SAWYER, BOOKKEEPER, etc.	D. C.
SAWYER, BOOKKEEPER, etc.	( relial number des 1/3)
work was done, es SILK MILL, SAW MILL, BANK, etc.	(Tuetro)
10. Dete deceased lest worked et this occupation (month end 93   11. Total time (years) spant in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E John Signature	Name of operation Date of
14. BIRTHPLACE (city or town)   (State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME R MA M. Was	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT Harry Quelers (Address) Woodstood Mg	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Nord storo Dete Oct 13th, 1931	Neture of injury
19. UNDERTAKER Powell & allaugh	24. Was diseese or injury in eny wey related to occupetion of deceased? "NO
20. FILED CL 12, 1931 The Certification Registrar.	(Signed) Fedanda Dilles M. D. (Address) Selow M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PURDAU V.S				
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	/
Y. S. No. 1 MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY-PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-0)
County trederictor	Registration Dist. No. / 32 /=
Village or City. Fredericto (III)	No. City Hospital St., Ward death occurred tryla hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME HOWARD Smaller	0000
(a) Residence: No. Harfus Flre To. La (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word)	21. DATE OF DEATH ( Month) (Day) (Year)
5a. If makried, widowed or divorced HUSBAND of (or) WIFE of Chiaftle O. Smallwood	22. O THEREBY CERTIFY That attended deceased from 12.1931. to Oct. 16.1931
6. DATE OF BIRTH (month, day, and year) MAR. 24 1847	Hast saw h hm elive on Get. 16 1951; death is said
7. AGE Years 4 Months Days If LESS than	to have occurred on the date stated above, at 11.36 Pm.
8 3 6 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
8 Trade profession or particular	Date of oneet
kind of work done, as SPINNER, habour.	apoplery Oct. 16
9 Industry or business in which work was done, as SILK MILL,	<u> </u>
SAW MILL, BANK, etc	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	Artica Oblinania
	Bladle drawn branch
	Name of operation. 6. 9 2 10 2 10 mg. Date of 6 cf. 14
(State or country)	What test confirmed diagnosis? E. Lan. Was there an autopsy? No
IS. MAIDEN NAME Do not Rmon	23. If death was due to externel causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME So not Ryon  16. BIRTHPLACE (city or town) So not Run  (State or coupley)	Accident, suicide, or homicide?
S (State or country)	Where did injury occur?
17. INFORMANT H & Smallroad; (Address) Harhlis Fury Mola	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL D. 4	Manner of injury
Place, Hay It A Truly Date (ICL 17, 193)	Nature of injury
19. UNDERTAKER J. L.	24. Wes disease or injury in eny way related to occupation of eccesed? No
20. FILED 7 Cock, 1921 doa meauly	(Signed) M. Amuk M. D. (Address) Francisco M. D. Dersolt M. D.
If more blanks are needed address State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis NO / 5 1981	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-	

WRITE PLAINLY,

B

1. PLACE OF DEATH		(23)
County Ire derical	b.	Registration Dist. No.
Village or City	9	No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S.If of foreign birth? yrs. mos.
(a) Residence: No. WWC.	ling Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  QCT  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months	Dept 3, 1911  Oays 11 LESS than 1 day, hrs. or min.	22. I HEREBY CERTIFY. That I altended deceased from 197, 197, to QCT H. 19.3/ I last saw held alive on QCT H. 19.3/ to have occurred on the date stated above, at 2.45Q in The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked at this occupation (month and year)	11. Total time (years) spanl in this occupation	Other Contributory Causes of importance:
(State or country)  13. NAME Exhia  14. BIRTHPLACE (city or town).	u Dururden	Name of operation
(State or country)	0	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	ranfand L. Jones Servet:	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Hoodbrile	untpare Oct = 7 = 1931	Manner of injury  Nature of injury
19. UNDERTAKER O. M. J. C. (Address)  20. FILEO B. O. L., 19. 30. 00	The meline	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M

If more blanks are needed, address State Rogistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 5 1931	July 5, 1927	Peritonitis	3 days ago
	BURBAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Vil

3 :

7 /

PARENTS

PLACE OF DEATH  County Trederick
County
lago or City State Sango toring
2FULL NAME TELEN
PERSONAL AND STATISTICAL PARTICULARS
4 COLOR OR RACE SINGLE, MARRIEO, WIOWED, WIOWED, OF DIVIDING
male white or
DATE OF BIRTH
Oct 28, 1899
(Month) (Day) (Year)
If LESS than
3 / yrs. /ds. ormin.?
a) Trade, profession or Jousewife
b) General nature of industry usiness, or establishment in which employed or (employer)
(State or country) Paland.
10 NAME OF FATHER ACUMENTARY

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

volube	St.:	tion	f death occ nospital or n, give its h ad of str mber.)	institu-
MEDIC	AL CERTIFIC	CATE OF E	DEATH	
16 OATE OF DEATH	0	t	9 , 1	3.4
**************************************				
OCT 3	CERTIFY, Th	at I attende	d the decea	sed from
that I last saw h	Lalive on	9 ex	9	194.3.4
and that death occur			re, at 10:4	6 1.m.
Pulmon	wyln	bercu	losi	٥
**************************************	(Duretio	n)yrs	mos	ds.
Contributory Secondary	0	1.0		
(Signed) Alwa	(Duration	Mar Vie	Le	ds.
0 1 9 1913		1 0		in Me
*State the Di Violent Causes, st Accidental, Suicidai	isease Causing ate (1) Means or Homicidai.	Death, or, of Injury	in deaths and (2) W	from hether
18 LENGTH OF RE		Hospitals,	Institution	, Trans-
ients or Recent Re	/	In the 2	G	

ients or Recent Residents)	
At place of deathyrsmosds.	In the State Tyrs mos mos mos
Where was disease contracted, if not at place of death?	moun

ł	if not at place of death?
Į	Former or usual residence 221 & Cartle St Balto 1
ı	

usual residence	CLM Isalio
19 PLACE OF BURIAL OR REMOVE	Md when

20 UNDERTAKER

AODRESS

11 BIRTHPLACE

(Informant

OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

Registrar

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL schicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of " "Marasmus," "Old Age," "Shock," or intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over entoroughly and all questions answered in detail, it will present further obtain on one. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED, OR DIVORCED Write the word 17 That I attended the deceased from (Day) (Month) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above 1 day hrs. The CAUSE OF DEATH \* was as follows: ESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether RENT (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE sta At place OF MOTHER State (State or Country) T Where was disease contracted, if not at place of death? 300 0 shi usual residence. Every it CIANS stateme PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

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MARGIN

## REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING MEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a (a) Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Doy (b) Automobile foctory. The material Architect, Locomotive engineer (6) Grocery,

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4

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>210</u> m 12008
County Tredence 11 ATE WY	Registration Dist. No. 13
Village or City Fredle City Hazela	CNO. St., Ward
. / / /	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredrs/	ds tow long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lygnester few ton	-sull
(a) Residence: No. Develous	St., Ward.  If nonresident give city or town and State
(Usus I place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,  OR DIVORCED (write the word)	21. DATE OF DEATH
m manus	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
The gray pour	OW 3 ,1931, to OW 3 ,1931
DATE OF BIRTH (month, day, and year)	I last saw h. Jun alive on OW 3 , 193 J; death Is sai
AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
65 / 0 / 8 or rain.	were as follows: . Date of onse
8. Trada, profession, or particular kind of work done, as SPINNER, Famely SAWYER, BOOKKEEPER, etc.	Fracture Skull
9. Industry or business in which	Fracture Vertebru
work was done, as SILK MILL, SAW MILL, BANK, etc	The west of the second
10. Date deceased last worked at this occupation (month and per 3/3) spant in this year)  11. Total time (years) spant in this year)	
and I	Other Contributory Canees of importance:
(State or country)	Struck by Hotorundrise
	on State Road an Sewistown Med
13. NAME Michael Mull  14. BIRTHPLACE (city or town)	Nama ef operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Louise Hallman	23. If death was due to external causes (YIOL ENCE) fill In also the following:
15. MAIDEN NAME TO WIS HARM	Accident, suicide, or homicide? Criefent pate of injury 3-10, 1931
(State or country)	Where did injury occur? State Read Ruses lower lls
7. INFORMANT Mas hlorothy Stuff	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACES,
8. BURIAL, CREMATION, OR DEMOVAL	Manner of injury
Place Charlesville bate Och 9,1931	Natura of Injury
19. UNDERTAKER M. L. Terrager Hon	24. Was disease or injury In any way related to occupation of deceased?
(Address)	tf so, specify Sphones
20 FILEO 4-acx, 193/ Amterial	(Signed) Andress) Freederick W.
Pedistrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilcpsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

	1	
-		
		-
		No.

County F	rederick.			Registration Dist. No. 130	3
	ty Point of R				War
				No. St.,  f death occurred in a hospital or institution, give its NAME instead of street and nur	
				s,ds. How long in U.S. if of foreign birth?yrsmos.	05
	ME Charles		unkle.		
(a) Residen	ce: No	(Usual place	e of abode)	St., Ward.  If nonresident give city or town and St.	ste
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX male	4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word) ried	21. DATE OF DEATH October 28th.	] 193 (Year)
5a. If married, widow HUSBAND of	ed, or divorced				
(or) WIFE of	Elizabeth			22. Child Decrease of State of the lattended de	ceased fro
6. DATE OF BIRTH (		ept. 17,	1847	last saw h alive on 193/	death is sa
7. AGE Yea	s Months	Days	If LESS than	to have occurred on the date stated above, at	
		1.1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profes	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	Retired.			192
SAWYER,	BOOKKEEPER, etc.			follow by soften my bom	
kind of w SAWYER, 9. Industry or work was SAW MIL	done, as SILK MILL, L, BANK, etc.	eheral fa	arming	1-1)	
	d last worked at	11. Total	time (years)	J.	
	pation (month and	oc	ent in this cupation		
12. BIRTHPLACE (cit	wortown) Maryl	and.		Other Coutributory Causes of importance:	
(State or cour	try)			Chrome Myrestti	1931
₩ 13. NAME	Frederic Stu				,
13. NAME	(city or town)	many.		Name of operation Date of	
(State or	country)			What test confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAI	Mery Hogi	le.		23. If death was due to external causes (VIOL ENCE) fill In also the following:	
16. BIRTHPLACE	(city or town)Geri	na ny		Accident, suicide, or homicide? Date of Injury	, 19
∑ (State or				Where did Injury occur?	
	F. J. Stunkle Point of Rock			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
	Pauls, Pt. of		. 30, <sub>19</sub> 31	Manner of injury	
	R. Etchison Frederick, Mo			24. Was disease or Injury In any way related to occupation of deceased?	٠
(Address)				If so, specify	

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40 4 4 4 4				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MEDICAL

PHERERY C

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 14/
St.: Ward)  (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
CERTIFICATE OF DEATH
Of IR NB/
(Month) (Day) (Year)
ERTIFY, That I attended the deceased from
192, 192,
, 192,
on the date stated above, at
THE
(Durstion)yrsmosds.
(Durgion) Jros de, M. D. Address)
se Causing Death, or, in deaths from (1) Means of Injury and (2) Whether Homicidai.
DENCE (For Hospitals, Institutions, Trans-

IB LENGTH OF RESID ients or Recent Resid

In the At place of death ... ....yrs......ds. Where was disease contracted, if not at place of dea.h?...

Former or

\*State the

Causes,

DATE OF BURIAL

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St/, Balto., Requesting V. S. No. 1.

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4

OKD. Every item of infor- HYSICIANS should state t statement of OCCUPA-	
OR BINDING  S A PERMANENT  EC  ated EXACTLY. P	tificate.
H S S G	ce
PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT ECORD. Every item of infor- hould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Frederick Registration Dist. No. / 3/= Frederick Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred \_\_\_\_\_\_yrs.\_\_\_\_\_mos. ds How long In U. S. if of foreign birth? \_\_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_ ds. 2. FULL NAME Mrs. Harriett Byerly Sweet. A15, Record (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. OR DIVORCED (write the word) - WCZ (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) Sept. 16. 1857 to have occurred on the date stated above, at 1 × 2 m 7. AGE Months Devs If LESS than 1 dey,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or \_\_\_\_ min. were as Iollows: -8. Trade, prolession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed lest worked et 11. Totel time (yeers) this occupation (month and spent in this occupation ..... Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) ... (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER Catherine Haller 15. MAIOEN NAME 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Maryland Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 16. BIRTHPLACE (city or town) Where did injury occur? (Specify city or town, county and State) (State or country) Redords Tome for Aged. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL Menner of injury mation s CAUSE -WRITE Plece Mt. Olivet Cem. FredDate Oct. 28. 19. 31 Nature of injury LION M. R. Etchison & Son. 24. Wes disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) Frederick. Md If so, specify \_\_\_ (Address) Registrar.

193 /

(Year)

Oate of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EDI	Example II			
The principal cause of death and related causes Date of onset of importance were as follows:				
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 1921 July 5, 1927	Date of onset    Date of onset   The principal cause of death and related causes of importance were as follows:   1915   Attack of epilepsy     1921   Run over by street car     July 5, 1927   Peritonitis     Other contributory causes of importance:		

V. S. No. 1

1. PLACE	STATE (	OF MARY	YLAND-	CERTIFICATE OF DEATH 12012
	Frederick			Registration Dist. No. 130
,	City Near Lick	sville		No. St., Ward
Length of r	residence in city or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs
2. FULL N	AME Maurice	Adam Ungle	bower	
(a) Resid	lence: No. 30 De G	range St. (Usual place of	of abode)	St., Ward.  If nonresident give city or town and State
PERSC	NAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED Married	(write the word)	21. DATE OF DEATH October 18 193 1 (Year)
5a. If merried, wid HUSBAND of (or) WIFE of	dowed, or divorced Goldie Ma	y Stone		22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRT	H (month, day, and yeer)	October 2	27 1891	Hast saw hair Pile and Oct 19, 193/ death is sale
	Years Months	Days 20	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at 2:30 P. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SAWY 9 Industry of work SAW N O Date dece				(GUN SHOT WOUND IN LEFT SIDE of CHEST BULLET ENTERING HEART)  (-Shot-by-enraged-man-)  Other Contributory Canses of importence:
12. BIRTHPLACE (State or c		Md.		
13. NAME	Joseph Ungl			
	ACE (city or town)	Md.		Neme of operation Date of Whet test confirmed diegnosis? Was there an autopsy? He
-	ACE (city or town)	Md.		23. If death was due to external ceuses (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Where did Injury occur? Near Tuscarora.
17, INFORMANT (Address)	Mrs Goldie			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	eageville Nd.	DateOct	21 ,19 31	Menner of injury Bulletwound Jurayk Hear Neture of injury
19. UNDERTAKER (Address)	M. R. Etchis Frederick	on & Son		24. Wes disease or injury in any way related to occupation of deceesed?
20. FILED Oct	20,131 May	quet M.	Roukan Registrar.	(Signed) (Signed) M. D. M. (Address) Frederick, Md.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis A	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURLATIVE				
Law be a war in			Two Inc.	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

								an	argument	over	a	boat	along	the
Potor	ne.c	River	near	Tu	sca	rora,	Md.			*				

ECORD. Every item of infor-FHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING properly classified. certificate. he See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.-WRITE PLAINLY, ż

V. S. Mo. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	82-20 12013
County Frederick.	Registration Dist. No. 132
Village or City 120 lever	No. St. — Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and namber)
222 22' 1 1	ds. How long in U.S. if of foreign birth?
2. FULL NAME 1) lary Virginia and	and chalen well
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of John Webler	22. I HEREBY CERTIFY. Thet I attended deceased from 1931 to Oct. 12 1931
6. DATE OF BIRTH (month, day, and year) 7700 11 1851	t last saw h. Let alive on Och 2° ,1931; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
72 10 22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Yeards profession on postinutes	Oata of onset
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Qate deceased last worked et this occupation (month and the company).	Clackeral Human hage Ach 12/31
Work was done, as SILK MILL, SAW MILL, BANK, etc	4
10. Pate deceased last worked et this occupation (month and spent in this	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Mary Land	Other Contributory Causes of Importance:
(State or country)	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wary V. d. F. Clayander	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
3110	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Moundalon Date Oct 15, 1931	Nature of injury
19. UNDERTAKER C. T. 11 Hladill	24. Was disease or injury in any way related to occupation of deceased? No
(Address) (Address)	If so, specify Off f
20. FILED Oct 15-, 1931 D. Traypor Duces	(Signed) A Student Pake M. D.  (Abdress) Resurter, Ind.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2,

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Example I	ν.	Example II	100
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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No. 1	C
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PLACE OF DEATH	12014 STATE OF MARYLAND
County Mulenoli	CERTIFICATE OF DEATH
Village or City Thurword (No.	Registration Dist. No. 144
2FULL NAME brewalite	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Male White (WIDOWED OR DIVORCED OR DIVORCED OR WIDOWED)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Cef-22", 198/	Oct - 22" 1981. to Det 22", 1921
(Month) (Day) (Year)	that I last saw h malive on sel 1921,
7 AGE   If LESS than     daythrs	
yrs. mos. ds. or 77 min.	
& OCCUPATION	The state of the s
(a) Trade, profession or particular kind of work	V mon auvanta-
(b) General nature of industry	
business, or establishment in	yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Fredh los Md -	Secondary (Quration) yrsmosds.
10 NAME OF A SY 92.	(Signed) Morros absert M. D.
11 BIRTHPLACE	let 22 1908 (Address) Thermont My
OF FATHER (State or country) Freak & Mid	*State the lisase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Of Sylve	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Fredhill Mile	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea-h?
Busha Wetzel	Former or usual residence
(Informant) STANGEN STAND	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Oct. 22, 193 (
15 Filed Oct. 22 198/ Anna M. Registra	Brok Hetsel Lather Thurmond
If more banks are needed, addre.s Ltate Kegistra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., war-lahorer, Farm laborer, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reg ged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At hame. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Piysician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed report specifically the occupations of persons Foreman, For many occupations a home, who are engaged in the duties of the especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. without more precise specification as For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womsingle word or term on 6 The ques-Grocery; Day

spinal meningitis"); Diphlheria (avoid use of "Croup"); EALE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebrotime and causation), using always the same acceptpneumonia, Broncho pneumonia ("Pneumonia,

> "Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) approved telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Aecidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on 'Congenital," "Senile," etc.), "Dropsy, Chronic valvular heart disease Example: Measles (disease etc. The Nomenclature of the contributory Measles ; not be

permanently filed. answered in detail, it will prevent further correspondence. All t data is essential and must be obtained before the certificate If this certificate is looked over thoroughly and all qu stions

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH Should Registration Dist. No. County\_\_\_\_ Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long In U.S. if of foreign birth? ...... yrs. ..... mos. ..... ds. mos. ds. PHYSICIAN (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL marrie 5a. If married, widowed, or divorced HUSBAND of 22. BREBY CERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day, and year) OLE I last saw certificate 7. AGE Months Days If LESS than to have occurred on the date stated above, at 1 day ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows 8. Trade, profession, or particular kind of work done, as SPINNER, jo OCCUPATIO SAWYER, BOOKKEEPER, etc .... may back Industry or business in which plnous work was done, as SILK MILL. SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total time (years) no this occupation (month and spant in this that occupation putributary Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? carefully MOTHER very important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? DEATH 16. BIRTHPLACE (city or town). (State or country) Where did injury occur? .... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMANT (Address) OF 18. BURIAL, OREMATION, OR REMO Manner of injury SE mation Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased?\_\_ XL 19 UNOFRTAKER If so, specify Registrar (Address) .....

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. & No. 1.

: death is said

Oate of onset

BINDING

FOR

RESERVED

MARGIN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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